

AN EXPLORATORY STUDY OF APPRECIATIVE INQUIRY:
PROMOTING HOPE FOR VETERANS IN CLINICAL CHAPLAINCY

A THESIS-PROJECT
SUBMITTED TO THE FACULTY OF
GORDON-CONWELL THEOLOGICAL SEMINARY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE
DOCTOR OF MINISTRY

BY
OCTAVIO JULIAN DI IULIO

MAY 2018

To my wife Jane, who has faithfully partnered
with me in this endeavor—I thank God for you
and your love for veterans

CONTENTS

ACKNOWLEDGMENTS	vii
LIST OF ILLUSTRATIONS	viii
GLOSSARY	ix
ABSTRACT	x
Chapter	
1. PROBLEMS AND SOLUTIONS	1
Clinical Chaplaincy	5
Statement of Research Topic	12
Research Methods	13
Conceptual Framework and Theoretical Model	12
2. THE INTERPRETIVE TASK: WHAT IS GOING ON?	15
Cognitive Therapy	16
Problem-focused Models of Change	17
Solution-focused Models of Change	29
Appreciative Inquiry: A Proposed Integrative Model of Change	38
Summary	46
3. THE NORMATIVE TASK: WHAT OUGHT TO BE GOING ON?	53
Suffering: God's Hopeful Design	57
Biblical Foundations of Hope: An Introduction	61
Hope: A Metaphor of God as Redeemer	66
Hope: A Metaphor of God as Sovereign Shepherd	70

Appreciative Inquiry As Good Practice in Pastoral Care	74
Summary	88
4. PROJECT DESIGN	90
Case Study Approach	92
Data Collection	114
Data Analysis	119
Quality Concerns	122
Project Summary	126
5. PROJECT RESULTS: WHAT ACTUALLY HAPPENED?	128
Key Themes Identified Within Each Model of Change	128
The Adult Hope Scale	131
The Experience of Hope: An Autobiographical History	135
The View of God Assessment	143
Semi-Structured Interviews	154
Summary	162
6. PRAGMATIC TASK: WHAT COULD HAPPEN?	177
Reframing Appreciative Inquire for Use in Pastoral Care	178
Reframing the 4-D Cycle for Use in Pastoral Care	186
Concluding Thoughts	195
Appendix	
A. GROUP PARTICIPANT'S LIST OF DIAGNOSED DISORDERS	199
B. SIX-WEEK GROUP CURRICULUM	200
C. VIEW OF GOD ASSESSMENT	233

D. THE HOPE SCALE	234
E. VIEW OF GOD ASSESSMENT	235
F. BIBLIOGRAPHY	236
VITA	251

ACKNOWLEDGEMENTS

Several individuals aided this project. Dr. Lou helped guide my understanding of how hope should be measured in the research for the project. As a Christian psychologist and friend he introduced me to the cognitive and spiritual world of recovery. Dr. Mary, Coordinator of the Psychosocial Rehabilitation Recovery Center (PRRC), welcomed me to the mental health team six years ago and allowed me to ‘test-drive’ Appreciative Inquiry in both of my groups. Chaplain Percy Williams, a faithful friend and colleague at the VA encouraged me to make this project a priority, to never quit, and to finish strong.

I would also like to acknowledge friends and staff at Covenant Fellowship Church (CFC) who believed that the topic of biblical and psychological integration was something needed and useful in the body of Christ. Thanks go to Marty, Anthony, Lennie, Allen, and the entire CFC pastoral staff. Thanks also go to Dr. Steve Klipowicz, the great ‘synthesizer’ who patiently guided me through this entire process as my professor, primary reader, and kindred friend.

Finally, I want to acknowledge my family. I thank God for Benjamin, Andrew, Zachary, Hannah, and Esther, who love veterans and this veteran. To my wife and best friend Jane, who read every single word of this document and suggested how to make it better. Without her support this endeavor would have not materialized. She is the ‘wind beneath my wings’ and from day one she has made me the happiest man on the planet.

May God receive the glory, and the honor, and the praise. Amen.

ILLUSTRATIONS

Figures

1. The Process of Cognitive Processing Therapy	21
2. Solution-focused Pastoral Counseling Flowchart	38
3. Appreciative Inquiry's 4-D Cycle of Change	44
4. Project Timeline	122
5. Appreciative Inquiry's Biblical Template	194

Tables

1. Existent Change Model Approaches	50
2. Other Topical Uses of Hope in the Old Testament	62
3. Themes of Redeemer in Isaiah	70
4. Two Paradigms/Approaches for Change	95
5. Lesson Plan Topics	114
6. Group Interview Questions	118
7. Hope Scale Scores	134
8. Coded Types of Hopelessness	137
9. Semi-Structured Interviews: Summary of Responses	163
10. Summary of All Assessment Findings and Scores	175

GLOSSARY

Agency: When a person believes that he/she can instigate change and achieve his/her goals. It is the desire and motivation needed to accomplish that person's goals.

Clinical chaplaincy: clergy who perform or provide pastoral care to patients in a health-care setting.

Cognitive distortion: ways that the mind convinces a person of something that is not really true, used to reinforce negative thinking or emotions.

Cognitive theory: explains how the brain, as a network of information, processes and interprets what is learned. two specific theories stem from this theory: Social Cognitive Theory (SCT), and Cognitive Behavioral Theory (CBT).

Life-giving values: principles, beliefs, and ideas which are characterized as 'eternal' in nature.

Mental schemas: a cognitive framework or concept that helps organize and interpret information in the mind.

Pathways: Finding different ways to achieve your goals. They are considered to be the 'resources' available to a person used in order to obtain his/her goals.

ABSTRACT

First, this project begins by suggesting that chaplains have an opportunity to collaborate with clinical mental-health professionals to bring about hope for veterans in a recovery program. The greatest potential advantage of this is that hope may be understood both cognitively and spiritually. The type of hope found in the Bible is founded on a deep understanding of God and considered supernatural in purpose. The type of hope found in psychology is founded on a deep understanding of self and is considered natural in purpose. The former is infinite, while the latter is finite. One perspective without the other fails to grasp a complete conceptual understanding of the word hope.

Second, there is a need for the integration of sound theological and secular principles to be utilized in pastoral work in secular settings. In this regard, Christian chaplains can utilize Appreciative Inquiry (AI) as an integrated model of change to stay philosophically connected to Christian veterans while working with non-Christian mental-health professionals. Specifically, the project was an effort to reframe hopelessness in the context of God's promise of resurrection possibilities—a theology of hope, using AI's model of change to accomplish the goal.

CHAPTER ONE

PROBLEMS AND SOLUTIONS

Theology and psychology are not diametrically opposed. As a matter of fact, they can be used to support one another in effective treatment.¹ The problem is, unfortunately, that they are often perceived as adversarial approaches to patient care and counseling in the veteran Affairs patient care environment.

Theology and psychology are both associated with values of wholeness, hope, meaning, harmony, and transcending.² Such values held by veterans help them cope with their illnesses and disorders. For psychologists to ignore the transcendent truths of theology is to shortchange the recovery process, especially when it deals with the process of hope building. The converse is also true. When chaplains fear or ignore the helpful methods found in the science of psychology, they too undermine greater levels of hopefulness. Psychologists McMinn and Campbell summarize it this way:

“We believe that both science and Scripture are important in establishing a credible Christian approach to counseling and psychotherapy. Christian faith provides an essential worldview for the Christian therapist, and scientific research on psychotherapy and qualitative research methodologies have been developed that can provide useful insights into the seemingly opaque world of psychotherapy.”³

There are key findings from a veterans Affairs/Department of Defense survey indicating that suboptimal integration between the chaplaincy and mental health frequently appears to be the result of difficulties between chaplains and mental health

¹ Ronald L. Koteskey, *Psychology from a Christian Perspective* (Nashville, TN: Abingdon Press, 1980), 67.

² Mary O'Reilly, “Spirituality and Mental Health Clients,” *Journal of Psychosocial Nursing and Mental Health Services* 42 (June 2004): 44-53.

³ Mark McMinn and Clark Campbell, *Integrative Psychotherapy: Toward a Comprehensive Christian Approach* (Downers Grove, IL: InterVarsity Press, 2007), 56.

professionals in establishing trust and confidence.⁴ This may be caused by a lack of familiarity and understanding of each other's roles and capabilities.

Unfortunately, this lack of integration is the current status of relationship between chaplains and psychologists at the veterans Affairs Maryland Health Care System (VAMCHS) Campus at Perry Point. There is limited interest among mental-health practitioners for the integration of spiritual matters into the clinical mental-health treatment setting. This is evident throughout most of the therapy groups and psychotherapy counseling taking place in the recovery programs on campus.

Despite the substantial gaps in the integration of mental health and chaplain services, chaplains play an important role in caring for veterans and service members with mental health problems. Some of these problems include suicidality, posttraumatic stress disorder (PTSD), and post-deployment adjustment.⁵ A recent national survey indicates that chaplains are engaged to a large degree in the mental health wellness of veterans:

- 59% of veterans with mental health problems commonly seek help from chaplains instead of mental health providers
- 84% of chaplains deal with veterans experiencing suicidal thoughts/intentions
- 54% of VA chaplains are themselves veterans
- The most common problems VA chaplains see are psychosocial (anxiety, depression, stress, rather than overtly spiritual⁶

Considering these findings it would benefit the mental-health process if the two professions were more integrated. The contributions of each vocation would not only benefit their own field of expertise but more significantly would benefit the well being of veterans. Veterans in the recovery process would benefit from theology and psychology

⁴ Jason Nieuwsma, et al. "Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense," *Journal of Health Care Chaplaincy*, 4 (2013).

⁵ Nieuwsma et al., *Journal of Health Care Chaplaincy*, 5.

⁶ Nieuwsma et al., *Journal of Health Care Chaplaincy*, 6.

both informing their worldview overall, specifically, the integration would provide opportunity to view hope from both sides of the recovery spectrum.

The possibility of integration is based on the belief that “all truth is God’s truth. The scriptures affirm that God is the creator of all things and that this establishes a unity of all truth (Gen. 1:1; Job 38: 31-32; Ps. 8:3, 19:1; Col. 1:16-17; Heb. 11:3). Integration is the biblical imperative, as John Carter and Bruce Narramore advocate,

“If God is the author of truth, we need not be afraid to examine what might be appear to be competing truth claims. If God is the author of all truth, we are not dealing with ultimately different sources of truth. And if issues such as personal adjustment, motivation, determinism, and the handling of negative emotions are not common to both psychology and theology, then we have in view either a truncated gospel or a very narrow psychology.”

A spiritually integrated psychotherapy could be thought of as the bridge linking both approaches resulting in a fuller understanding of the veteran’s worldview and his or her concept of hope. The study of hope is integral to the research because it is the aim and goal of pastoral counseling. Aside from lessening anxiety and equipping people with skill sets helping them become productive citizens, pastoral counseling should ultimately provide believers with “mission, direction, their goal in life—both individual and communal.”⁷

Hopelessness, according to Andrew Lester, is a loss of *future stories*. He writes that, “the most profound feeling, the most intense pain of the bereaved, lies in the loss of *future stories*.”⁸ The importance of integrating the secular and the sacred lies not in the

⁷ John E. Phelan Jr., *Essential Eschatology: Our Present and Future Hope* (Downers Grove, IL: Intervarsity Press, 2013), 28-29.

⁸ Andrew Lester, *Hope in Pastoral Care and Counseling* (Louisville: Westminster John Knox Press, 1995), 50.

success of the process itself but in securing future stories built on hopeful realities of the past and present.

Developing a definition of hope is problematic. According to one definition hope “is a diffuse, inclusive concept, denoting a mood or an attitude in which beliefs, emotions, imagination and purpose are all combined...characterized by a measure of confidence and affirmative expectation about the future.”⁹ Another definition offered by Lynch describes hope as,

The fundamental knowledge and feeling that there is a way out of difficulty, that things can work out, that we as human persons can somehow handle and manage internal and external reality, that there are ‘solutions’ in the most ordinary biological and physiological sense of that word, that above all, there are ways out.¹⁰

Both of these definitions surmise hope as something related to the present. Hope in this case is concerned with the temporal, a finite worldview. It is not concerned with the eternal, an infinite worldview. A complete definition must consider both the temporal and the eternal schemes of things. Veterans perceive themselves to be on a journey, a spiritual pilgrimage in recovery looking ahead towards healing from both perspectives. Hoping should presuppose a “rather accurate reality assessment of an untoward condition and a tragic sense of life, the process also involves a worldview or an ontology.”¹¹ When veterans fail to understand their mental illness or disorder apart from a spiritual purpose they will inevitably experience a crisis of faith. When this happens a state of hopelessness is often the result.

⁹ John Macquarrie, *In Search of Humanity: A Theological and Philosophical Approach* (New York: Crossroad, 1983), 247.

¹⁰ William F. Lynch, *Images of Hope: Imagination as Healer of the Hopeless* (Notre Dame, IN: University of Notre Dame Press, 1990), 35.

¹¹ Rodney J. Hunter, Newton Malony, Liston, Mills, and John Patton, eds., *Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990), 533.

The crisis is further precipitated by the disorienting turn in their lives, but it may also be further exacerbated by what Jürgen Moltmann suggests are two possible forms of hopelessness: *presumption*, which assesses the landscape of loss and presumes to know how God must act to provide safe passage to new orientation, but turns to disillusionment with God when he does not act in ways that are expected; and *despair*, which assesses the landscape of loss and preemptively decides that the situation is too complicated for even God to resolve, and so therefore, lapses into spiritual resignation.¹²

This period of hopelessness results in the “amputation of the familiar self.”¹³ Infinite hope is inaugurated “when we reach the point where we begin to search for a new life, one that depends less on circumstances and more on the depth of our souls, it opens us to new ideas and perspectives, including spiritual ones.”¹⁴ The Apostle Paul states it differently, but the idea is the same when he turns his focus on the glorious future yet to come and says, “Through him we have also obtained access by faith into this grace in which we stand, and we rejoice in hope of the glory of God.” (Rom. 5: 2-3). This is the vision of ultimate hope and the goal of the Christian’s faith.

Clinical Chaplaincy: An Advocacy for Hope

Twentieth-century British Christian psychiatrist Frank Lake notes, “the maladies of the human spirit in its deprivation and in its depravity are matters of common pastoral concern.”¹⁵ Suffering reveals the fallenness of our world caused by sin in our nature as humans. Suffering teaches that life is not always good, but Scripture teaches that God is

¹² Jürgen Moltmann, *Theology of Hope*, trans. James W. Leitch (London: SCM Press, 1967), 50.

¹³ Jerry Sittser, *A Grace Disguised: How the Soul Grows Through Loss* (Grand Rapids, MI: Zondervan, 1995), 69-79.

¹⁴ Sittser, *A Grace Disguised: How the Soul Grows Through Loss*, 78.

¹⁵ Frank Lake, *Clinical Theology* (London: Darton, Longman & Todd, 1966), 37.

always good. Scripture portrays God as being gracious even in our suffering. Pastoral care attempts to help those suffering from soul wounds wrestle with the evils they have suffered.

When chaplains use hope biblically, they primarily address the dilemma of faith as the experience of “broken future stories.”¹⁶ This ultimate hope is rooted in the character of God who has set out to redeem creation through Jesus Christ (Gen. 22:18; Acts 3:21; Rom. 8: 20-22; Eph. 1:10). This is the major difference between both hopes. Psychology serves as a transitional entity with no future promise, providing veterans with a temporary relationship that helps them co-exist in this world. Biblical hope, on the other hand, is eschatological in its response to hope (Lam. 3:22-23) and it believes that God intends to bring his great work of creation to completion in a “new heaven and new earth” (Isa. 65:17; Rev. 21:1-4). Chaplains help veterans understand this by demonstrating the biblical concept of redemption in pastoral counseling.

Clinical chaplaincy articulates a theology of hope that begins with the assumption that relearning who God is in times of despair is an important piece of the process in claiming Christian hope. Indeed, one of the notable reasons why chaplains provide invaluable service to the mental health care setting is that there is a fundamental interrelation between spiritual/ religious issues and mental health. This has been borne out time and again in recent decades as research attention has dramatically increased in the field of spirituality and health.¹⁷

¹⁶ Use of the title ‘chaplain’, unless otherwise described, will refer to a *Christian* Chaplain. The term Christian, as a simple definition, is someone who lives out his or her life for Christ according to the Gospel of Jesus Christ.

¹⁷ One of the foremost authorities in the area of religion and science is Harold Koenig, professor at Duke University. Along with Dana King and Verna Carson they have put together an extraordinary amount of summaries in their book, *Handbook of Religion and Health* 2nd ed. (Oxford: Oxford University Press,

Although limited in cognitive therapeutic techniques, pastoral caregivers are well trained in understanding the consequences that can result from a veteran's failure to appropriate the past, present, and future narrative within a spiritual context. Chaplains are specialists who help veterans struggling with hopelessness "re-collect" and accept their past while attending to their despair that comes because of a veteran's refusal, or inability, to confront the future and realize the possibilities.

By integrating concepts of redemptive hope beyond the finite understanding of psychological hope chaplains can help veterans explore theological and anthropological assumptions of their present situation. Yet, some chaplains either lack a basic understanding of the principles of psychology or believe that religion and psychology should remain separate clinical services. Chaplains who want to keep them separate claim an anti-scriptural argument about psychology. Sigmund Freud popularized this misconception by teaching that the human condition was "only a developmental stage, which all healthy individuals are biologically destined to leave behind them as they grow to maturity."¹⁸ Rather than looking for errors in a system, it may be more fruitful for chaplains to look for the truths revealed by the system and discover how they can be integrated into a Christian world-view.

Knowing that finite hope and its best contributions can never appease the quest for infinite satisfaction, psychology can make only an external contribution to the construction of a theology of hope. Its contributions, as good as they are, should however always teach us that we are, "bearers of the Divine image of God. We are dust and

2012). The textbook contains over 1000 pages and is by far the most thorough research done on science and religion.

¹⁸ Gary Almy, *How Christian is Christian Counseling?* (Wheaton: Crossway Books, 2000), 23.

divinity. God designed our physical brains and our metaphysical minds to function harmoniously.”¹⁹

If clinical pastoral chaplaincy considers itself a contributing factor in defining hopefulness in mental health and what that means, it must make strides to integrate a theology of hope within the framework of psychotherapy. Believing in the possibility of God’s creative restoring agency, the matter of hope and how hope might be nurtured and strengthened within mental health circles seems essentially important to the function of clinical chaplain ministry.

The study briefly assessed several change models currently practiced in the mental-health program at the Perry Point campus. Cognitive Theory (CT) is the primary choice of psychotherapy. With CT as a foundational base for counseling, the study explored the strengths and weaknesses of two approaches of psychotherapy used by psychologists with veterans in the recovery process: Cognitive Processing Therapy (CPT) and Prolonged Therapy (PE). Additionally, the research explored the strengths and weaknesses of two more approaches of counseling used primarily by chaplains and social workers at the VA: Solution-focused Brief Therapy (SFBT), used primarily by social workers and Solution-focused Pastoral Counseling (SFPC) used by chaplains.

The goal of the project was not only to offer a pastoral response to hopelessness but also to offer a particular method of recovering hope (reframing broken future stories) within pastoral chaplaincy. The benefits that emerged from this type of study were a description of processes that lent themselves to a recovery of, or fresh experience of biblical hope. To facilitate this process the study aimed to reveal some of the benefits

¹⁹ Robert Kellemen, *A Theology of Soul Care and Spiritual Direction: Soul Physicians* (Winona Lake, IN: BMH, 2007), 133.

Appreciative Inquiry (AI) could bring to clinical chaplaincy as a strategy for intentional change.²⁰

Unlike most change models AI approaches transformation by first asking *what has worked in the past* and then appreciating the potential for that success to assist in future recovery. It can be thought of as a philosophy that engages a person's entire worldview. The important task of inquiry into the positive past is then analyzed in the present to create confidence for the future. Whether strategy is being applied to a group within a company structure or an individual seeking change, the process is basically the same. They both begin to imagine *what they could be* and *what they will be*. The result will be a future envisioned through an analysis of what is best of the past. This approach to transformational change differs from most change models in that it specifically envisions a future based on positive past experiences.

David Cooperrider and Suresh Srivastva designed Appreciative Inquiry in 1980. They describe AI as a strategy for intentional change that calls people to collect and celebrate “good news stories” of either their community or individual lives. These stories serve to enhance cultural identity, spirit, and vision—foundational ingredients to building hope. Through these positive stories, the inquiry guides individuals in such a way as to identify the best and highest qualities in organizational systems, particular situations, and in people. This then, provides the individual (or group) with a vision, which serves to move them toward positive change.

The Gospel of Jesus Christ is also about positive change. The “Good News” is the story of God redeeming his creation, starting with the restoration of the image of God in

²⁰ David L. Cooperrider, Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2008), 3-5.

humanity through the crucifixion and resurrection of Christ (2 Cor. 5:17-21; Eph. 2:4-10). Similarly, the strength of AI is found in its determination to find what gives life. Its focus is on identifying potential and bringing out the best in people. In this regard, it can be considered resurrection-oriented. The Judeo-Christian experience is one of redemption, of God bringing freedom out of slavery, of life out of death (Ps. 111:9; Lk. 21:28; Rom. 3:23-25; Col. 1:13-14).

The ‘Social Constructionist’ theory is referred to as the Constructionist Principle in AI, which states that the language we use shapes our social reality.²¹ If this is true then there is no other language outside of Scripture that can best shape a person’s reality. God’s Word has always placed a comma rather than a period at the end of tragedy throughout history, so that those who feel hopeless can experience new hope.

Resurrection and its accompanying hope bring people together and give them a life-giving purpose. Metaphorically, AI can be viewed as a “resurrection” after “crucifixion.” The crucifixion does not bring people together; it causes people to scatter and hide. In contrast, the resurrection can bring people together with a common hope for the future.

The Scriptures are also full of the exhortation to “behold”, for example, “Behold what manner of love the Father has given to us” (1 John 3:1). Appreciative Inquiry makes use of this type of “beholding”, or “right seeing” as the contemplative traditions teach. The Scriptures not only encourage us to *behold* the goodness of God in its current expressions but also to *behold* a future, in which there will be no more death, or mourning, wailing or pain, for the old order will pass away. It is from the vantage point of this future that we perceive our world and the world in which we live.

²¹ Cooperrider, et al., *Appreciative Inquiry Handbook: For Leaders of Change*, 18.

It is for these reasons and more that AI is an interesting strategy that could be used in bringing out the best in veterans in their pursuit of a hopeful recovery. When put into a biblical context, AI has the potential to be effective as a guide in the change process in a positive way, enabling veterans to exercise Gospel-centered conversations. Its principles and theories have the makings of providing chaplains an alternative pastoral care model for the use in spiritual change.²²

Statement of Research Topic

The study explored how Appreciative Inquiry (AI) could function as an alternative approach to change by integrating the psychology and theology represented by these other models. It explored the therapeutic, personal and potential spiritual and psychological factors relating to hopelessness and hopefulness. Specifically, the project was an effort to reframe hopelessness in the context of God's promise of resurrection possibilities—a theology of hope. Appreciative Inquiry's model of change was used as the methodological tool by which the study intended to accomplish this. The aim of the study was not intended to validate or present evidence-based results in the increase of hope. Rather, it was to explore AI and judge its organizational and philosophical approach to change and how it could be used to foster hope in the recovery process of veterans.

There are four research questions that guided the research effort. They were used as a more thorough means of analysis to insure better results:

²² Chaplains should often be reminded of their spiritual identity and the importance of their unique contribution to health care. One of the ways to accomplish this is to devise a pastoral care model that enables biblical principles to be taught within a pluralistic environment. The accomplishment of this may relieve chaplains of feeling marginalized, a common dilemma. At the same time, an integrated model could open the door more widely to the possibilities of cooperation between mental health professionals and chaplains.

- Q1: What types of mental health approaches are currently used to address the topic of hope within the recovery process of the VA?
- Q2: What does the precedent literature say about using AI as a viable approach to creating hope in the recovery process?
- Q3: What are the biblical-theological constructs for hope in the recovery process?
- Q4: What ways can AI act as an integrative model of hope to enhance pastoral chaplaincy ministry within the recovery process?

Research Methods

The study employed a qualitative research methodology utilizing a case study design, an “ideal design for understanding and interpreting observations of educational phenomena.”²³ This facilitated the exploration of hope within a theological and psychological context using a variety of data sources. Exploring hope through more than one lens helped safeguard the research, allowing multiple facets of it to be revealed and understood. In the design of the study, the researcher attempted to understand the meaning of hope as it relates to veterans using both secular and sacred practices of recovery models offered in VA mental health care.

The research method incorporated a group of approximately 10-15 veterans who then piloted a recovery program using AI as a model for generating hope in their treatment. As facilitator of the recovery group, I developed the process, conducted the process, and developed a means to evaluate outcomes as feedback in future uses of the process.

Data collection consisted of a pre/post survey of questions together with spiritual assessments in the veterans’ recovery program. The data collection for the study took place over a three-month period. At the end of this period, documentation and the

²³ Sharan B. Merriam, *Qualitative Research and Case Study Applications in Education* (San Francisco, CA: Jossey-Bass, 1998), 30.

researcher's observations were combined to describe the phenomenon of hope, indicating positive changes of hope experienced by veterans.

Once data collection was completed an analysis of the findings was used as feedback for future uses of the AI process as a viable model for generating hope in a VA recovery program. Additionally, data outcomes were used to validate AI's focused approach as an alternative to current problem-focused methodologies practiced at the VA.

Conceptual Framework and Theoretical Model

The research study employed a conceptual framework based on Richard Osmer's four-task model of practical theological reflection in the context of pastoral care chaplaincy. The primary objective here was to engage in practical theological interpretation of the episodes, situations and contexts of the project.²⁴ The practical theological interpretation consisted of four tasks, each of which was distinct yet connected:

1. The *descriptive-empirical* task asks, what is going on?
2. The *interpretive* task asks, why is it going on?
3. The *normative* task asks, what ought to be going on?
4. The *pragmatic* task asks, how might we respond?

The first task looked at the 'Descriptive-empirical' question. Here the researcher *described* what was going on. The researcher exercised 'priestly listening' as a way of focusing on formal attending investigating episodes and situations, through empirical research.²⁵ This task attempted to answer the question of what was going on by researching and then discussing several of the practices currently used by health care professionals in mental-health recovery process.

²⁴ Richard Osmer, *Practical Theology: An Introduction* (Grand Rapids, MI: Eerdmans, 2008), 11-12.

²⁵ Osmer, *Practical Theology: An Introduction*, 33-34.

The second task in the research study was the ‘Interpretive task’, where the researcher used reasons for the phenomena (practices) that were observed in the descriptive task. The important question here now became, *why* is it going on? This task identified how psychotherapy attempted to create hope within the recovery process. The study drew from cognitive and behavioral psychology and its principles. Osmer refers to this process as applying *sagely wisdom* that requires the interplay of three key characteristics: thoughtfulness, theoretical interpretation, and wise judgment.²⁶

The third task of the study was to consider the ‘Normative task’. This asks, *what ought to be going on?* It sought to discern God’s will for present realities. This is the task of *prophetic discernment*, using three methods to discover God’s disclosure and the shaping of God’s word: (a) theological interpretation, (b) ethical reflection, and (c) good practice. The study attempted to engage appropriately in cross-disciplinary dialogue, specifically in an attempt to answer the question, “How is the worldly wisdom of the arts and sciences (psychology and other behavioral sciences) appropriately related to the wisdom of God?”²⁷ within the recovery process.

The remaining task was the ‘Pragmatic task’. In this task the research study asked *how* might we *respond*? In other words, the study attempted to provide chaplains with guidance for leading chaplaincy care through the process of change as it relates to spiritual hope. While the study sought to give a summary of good practices (solution approaches to change) it proposed the AI model of change and its 4-D cycle as an integrative methodology for promoting hope within pastoral care chaplaincy and ministry.

²⁶ Osmer, *Practical Theology: An Introduction*, 82-83.

²⁷ Richard Osmer, *Practical Theology: An Introduction*, 162.

CHAPTER 2

THE INTERPRETIVE TASK: WHAT IS GOING ON?

The practice of theology must reflect on the nature of information from the outside that might influence Christian practice. This reflective task is undertaken in order for ‘good theological practice’ to be achieved. As Swinton and Mowat suggest, when this task is performed it takes into account the efficacy of that particular practice as to whether or not that practice “faithfully participates in the divine redemptive mission.”¹

This is what this chapter aims to do: to ask *why* cognitive theory and its practices are used in recovery and do they somehow assist in the ‘divine redemptive mission’ of Christian practice? The data collected for this study on the models of cognitive theory used by the VA brought greater understanding of how hope is generated in the recovery process. The study focused on four change models, three having origins imbedded in secular psychology and one in Christian theology.

For each approach the study will briefly discuss history, trends, theories, and objectives of each one. Specific focus will be given to their strengths, weaknesses, similarities, and differences. Although the approaches are different in terms of the therapeutic use of strategies and sources in regard to relative and absolute truth, they share a mutual goal of assisting people from moving away from human discouragement to hopefulness and human well being.

The chapter will then introduce and discuss AI and the 4-D Cycle of change, proposing that it be used as a tool for pastoral work in recovery. In this regard,

¹ John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London, UK: SCM Press, 2006), 22.

Appreciative Inquiry is a departure from the way it is normally used within the field of Organizational Development. Like the others, it seeks to bring about change. AI will be discussed in light of the others at the end of the chapter.

Cognitive Therapy

Psychotherapy is the treatment of mental and emotional disorders using psychological methods. It comes from the Greek words *psuche* (mind and soul) and *thrapeuo* (one who serves the gods or heals) the goal of healing the human mind and soul.² The therapy itself may last a few sessions or last several years, depending on the individual needs of the patient. Psychotherapy can be done individually or in a group setting. It is primarily a cognitive theory used to help patients solve problems, attain goals, reframe reality, and manage their lives by treating their mental disorders.

Since the introduction of PTSD into the DSM in 1980, considerable research has been done on the efficacy of psychotherapy in its treatment of trauma related injuries.³ Today, the world of mental health refers to this type of psychotherapy for trauma as Cognitive Processing Therapy (CPT). It is regarded as one of the primary intervention models used in the VA for treating veteran who suffers from PTSD symptoms.

Cognitive Theory's history begins with the studies performed by Dr. Aaron T. Beck, a psychoanalyst who designed and carried out several experiments to test psychoanalytic concepts of depression.⁴ He called it Cognitive Therapy (CT) because of the importance it places on thinking. Over the years CT evolved into what is currently

² Rodney J. Hunter, Newton Malony, Liston, Mills, and John Patton, eds., *Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990), 1022.

³ Steven Cahill, et al., "Dissemination of exposure therapy in the treatment of posttraumatic stress disorder", *Journal of Trauma Stress*, 19, no. 5 (2006): 597-610, <http://onlinelibrary.wiley.com/doi/10.1002/jts.20173/pdf> (accessed July 7, 2013).

⁴ Rick Ingram, "Origins of Cognitive Vulnerability to Depression" *Cognitive Therapy and Research* 27, no.1 (2003): 78.

known as Cognitive Behavioral Therapy (CBT) because it adopted behavior techniques as well, tools used by therapists to replace destructive patterns with positive ones.

Problem-focused Models of Change

Cognitive Behavioral Therapy

As a result of his findings Beck began to look for ways of conceptualizing depression. He found that depressed patients experienced negative thoughts, which he called “automatic thoughts” to describe emotion filled thoughts that might pop up in the mind.

He found that people were not always fully aware of such thoughts, but could learn to identify and report them. If a person was feeling upset in some way, their thoughts were usually negative and neither realistic nor helpful. Beck observed that, instead of reacting to the *reality* of a situation, the patient reacted to his or her own *distorted* viewpoint of the situation. For instance, he saw depressed patients blame themselves for everything that happened, an all-or-nothing kind of thinking.

Beck considered this irrational thinking, not reality. He found that identifying these thoughts was the key to the patient’s understanding and overcoming his or her difficulties.⁵ He proposed that negative thoughts “can be used to infer deeper levels of cognition: beliefs, rules, and schemas. Once they are comfortable recognizing their automatic negative thoughts, patients can then be taught to examine their beliefs and the operational rules that underlie beliefs.”⁶

⁵ Aaron T. Beck, *Depression: Causes and Treatment* (Philadelphia: Pennsylvania Press, 1972), 15-20.

⁶ Edward Friedman, Michael Thase, and Jesse Wright, “Cognitive and Behavioral Therapies,” *Psychiatry*, 3, no. 2 (2008): 1921.

The treatment for CBT is interactive and educational, where the therapist and patient work together to test *perceptions* and come up with more realistic alternatives. It is present-focused, trying to bring about change in thinking, behavior, and feelings. It is problem-focused, trying to identify the cause of the problem.

The process of CBT addresses hope from a *cognitive* intervention perspective and not a spiritual one. This is unfortunate, as it tries to identify negative automatic thoughts by asking only questions that have to do with the reasonableness or rational importance of the idea in question. It does not necessarily test the factual basis or reality from which those ideas originate. In other words, it does not deal with core beliefs of a person associated with human existence, such as control versus helplessness, lovability versus fear of rejection, and achievement versus fear of failure.⁷

In this regard, these models do little to foster hope that goes beyond a statement of ‘reasonable’ belief. To go beyond a reasonable belief is to embrace the idea of *faith*, and faith is to believe in the “substance of things hoped for, and the evidence of things not seen” (Heb. 11:1).

Cognitive Processing Therapy

Using the work and research of Beck, Resick and Schnicke introduced Cognitive Processing Therapy (CPT) as a possible treatment for trauma in 1993 after twenty years of clinical practice, initially focusing on the trauma of rape.⁸ Extending the work of Beck and others, CPT therapy focuses initially on assimilated-distorted beliefs such as denial and self-blame. The focus then shifts to more commonly held beliefs about oneself and

⁷ Hawton K. Salkovkis and Kirk J. Clark, eds., *Cognitive Behavior Therapy for Psychiatric Problems: A practical Guide* (Oxford: Oxford University Press, 1989), 203.

⁸ Patricia Resick, et al., “A Comparison of Cognitive-processing Therapy with Prolonged Exposure and a Waiting Condition for the Treatment of Chronic Posttraumatic Stress Disorder in Female Rape Victims,” *Journal of Consulting and Clinical Psychology*, 70, no.4 (2009): 695-706.

the world. CPT has many similarities with CBT, however, a major difference is CBT is geared to address depression, while CPT is specifically aimed at treating the cognitive affects of traumatic injury.

Cognitive Processing Therapy attempts to produce hope by educating about common reactions to trauma. Some of these include relaxation training, identifying and modifying of cognitive distortions, and a variety of *exposure* techniques.⁹ Resick and Schnicke proposed that at the core of CPT's conceptual framework patients must figure out the conflict that exists between old information stored in their mental schemas or ideas and new information resulting from their trauma.

Proponents of CPT argue that it is not the events themselves that distress the patient, but the meanings they give them. If their thoughts are too negative it can block them from seeing or doing things that do not fit what they believe is true. In other words, patients tend to hold on to old thought patterns and fail to learn new ones. They are encouraged to *identify* and *revise* the automatic thoughts they have developed in reaction to the trauma.

Resick and Monson further developed CPT by adding Socratic questioning, asking veterans questions such as “What do you mean when you say...” or “Why do you think you act in this way?” The central idea behind this approach is that there is something special about the way the traumatic event is represented in memory and that if it is not processed in an appropriate way, psychopathology will result.

The patients' ideas are then captured on daily worksheets as a way to encourage them to experience their emotions. Their accounts are then used to determine “stuck

⁹ Terence Keane, and Danny Kaloupek, “Cognitive Behavior Therapy in the Treatment of Posttraumatic Stress Disorder,” *The Clinical Psychologist*, 49, no 1. (1996): 7-8.

points”: areas of conflicting beliefs, leaps of logic, or blind assumptions.¹⁰ Like Beck, Resick argued that once patients change their thoughts, they could change the way they feel. Resick and Schnicke went even further by embracing processing theory, the idea that humans *process* information they receive, rather than merely *responding* to stimuli as Beck suggested.

Proponents of CPT claim that it is a short-term, goal-oriented psychotherapy treatment that takes a practical approach to problem solving.¹¹ Despite its relatively short history, CPT has evolved as a combination of *psychotherapy* and *behavioral therapy*. Psychotherapy puts emphasis on what patients think rather than what they do and the importance of the personal meaning they place on things. Behavioral therapy is an approach that focuses on learning roles in developing both normal and abnormal behaviors. Combined, both theories focus on thoughts and behaviors.¹²

This method further argues that everyone’s cognitive map is different, so that each person would interpret the same situation differently.¹³ What is important is the *lens* through which patients perceive or interpret those situations.¹⁴ Based on Beck’s model of CBT, the process of CPT as practiced by mental-health at the VA is similar and can be illustrated in this way:

¹⁰ Patricia Resick and Candice Monson, *Cognitive Processing Therapy Veteran/Military Version: Introduction to Cognitive Processing Therapy (CPT)*, National Center for PTSD, VA Boston Healthcare System and Boston University, (2006): 6-14, http://www.alrest.org/pdf/CPT_Manual_-_Modified_for_PRRP (accessed May 26, 2013).

¹¹ Claudia Zayfert and Carolyn Becker, *Cognitive Behavioral Therapy for PTSD: A Case Formulation Approach*. (New York: Guilford Press, 2006). 228.

¹² Rodney J. Hunter, 188-189.

¹³ Malcolm Falconer, “CBT Goes Beyond Behaviorist Models”, *New Zealand Doctor*, October 6, 2010, <http://psychd.co.nz/wp-content/uploads/2012/05/nzd-intro-cbt.pdf> (accessed July 20, 2013).

¹⁴ In this regard CPT has much to offer clinical pastoral work. Chaplains can assist veterans to view their long-standing negative religious schemata and help them to address and modify them. They can assist veterans to better reflect on God’s rational attributes and help them find meaning in their lives.

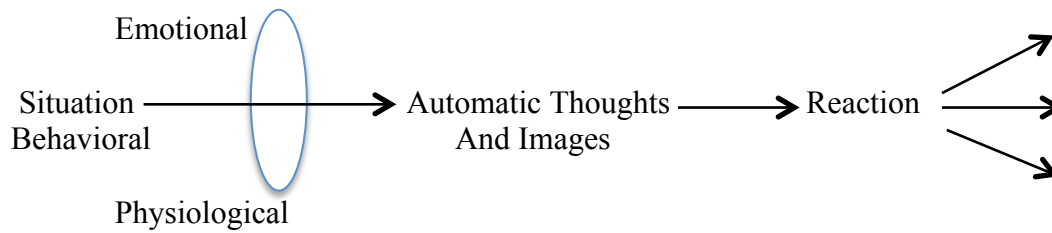


Figure 1. The Process of Cognitive Processing Therapy

Nearly every psychotherapist after Beck, to include Resick and Schnicke, suggests that people perceive situations through an interpretive lens, creating thoughts of perceived reality.¹⁵ They react to their reality, which in turn, drives their emotional, behavioral, and physiological state of being. These thoughts, according to many psychotherapists who practice CPT at the VA, are the result of faulty beliefs, which need to be confronted and changed.

There are other psychologists who subscribe to the same process as Beck but contend that if the automatic thoughts were not addressed, it may constitute a *vicious cycle* of intensifying emotionally driven thoughts, feelings, and behaviors of the patient.¹⁶ The underlying assumption is that faulty emotions and behaviors flow from faulty thinking. This would result in pathology, which would be difficult to cure. Based on that assumption, Sanders and Wills argue that the treatment itself, using CPT, can be a lengthy process, acknowledging its effectiveness, while admitting that change does not happen overnight.

Edna Foa, professor of clinical psychology at the University of Pennsylvania and director of the Center for the Treatment and Study of Anxiety and one of the leading

¹⁵ Mark McMinn and Clark Campbell, *Integrative Psychotherapy: Toward a Comprehensive Christian Approach* (Downers Grove, IL: InterVarsity Press, 2007), 63-66.

¹⁶ Frank Wills and Diana Sanders, *Cognitive Behavior Therapy—Theory, model and Structure*, June 18, 2012, http://www.sagepub.com/upm-data/50279_01_Wills_&_Sanders_CH_01.pdf (accessed July 20, 2013).

experts in trauma disorders, has endorsed CPT to be the most safe and effective treatment for depression resulting from trauma. Along with other researchers, she claims its effectiveness for the following reasons:

1. Promotes habituation and therefore reduces anxiety.
2. Promotes correction of the belief that anxiety remains unless avoidance occurs.
3. Impedes negative reinforcement associated with fear reduction.
4. Promotes the incorporation of corrective information into the trauma memory.
5. Establishes the trauma as a discrete event that is not indicative of the world being globally threatening.
6. Enhances self-mastery through management of the exposure exercise.¹⁷

Clinical research highly supports the efficacy of CPT. One of its positive strengths is that the directive skills used in the process are learned in a time-limited twelve to sixteen week period, unlike most therapies, which can take months or even years.¹⁸ Individual sessions are typically conducted weekly or biweekly, averaging about 50 minutes, while group sessions last anywhere from 90-120 minutes long.

The studies conducted by Emmerick, Kamphius and Emmelkamp show that there is strong evidence showing that CPT works well within group settings. For instance, in one study, a group of male combat veterans, diagnosed with severe and chronic PTSD, showed good results by increasing social engagement and interpersonal functioning.¹⁹ Used with virtual reality exposure—a technique used to confront trauma memories

¹⁷ Edna Foa, Terence Keane, Matthew Friedman, and Judith Cohen, eds., *Effective Treatment for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. 2d ed. (New York: Guilford Press, 2008).

¹⁸ Kathleen M. Chard, et. al., “A Comparison of OEF and OIF Veterans and Vietnam Veterans Receiving Cognitive Processing Therapy,” *Journal of Traumatic Stress*, 23 no.1. (February 2010): 25-32. <http://onlinelibrary.wiley.com/doi/10.1002/jts.20500/pdf> (accessed August 28, 2013).

¹⁹ Arnold van Emmerick, Jan Kamphius, and Paul Emmelkamp, “Treating Acute Stress Disorder and Posttraumatic Stress Disorder with Cognitive Behavioral Therapy: A randomized Control Trial,” *Psychotherapy and Psychosomatics*, 77, (2008): 93-100. <http://www.karger.com/Article/Pdf/112886> (accessed August 10, 2013).

through retelling of the experience, studies conducted by Mueser found CPT to have even greater effect in treating PTSD in combat veterans.²⁰

The majority of literature reviewed considers CPT superior to any other form of psychotherapy that deals with trauma disorder. However, based on several studies, there are skeptics who claim that it is not superior to other forms of psychotherapy. The results of one study argue against previous claims of treatment efficacy and suggest that CPT should be considered “a first-line psychosocial treatment of choice, at least for patients with anxiety and depressive disorders.”²¹ This would exclude treatment for trauma related disorders.

Another source claimed that CPT is a simplistic psychotherapeutic approach in that it only addresses simple problems and cannot be counted as an “evidenced-based” model.²² Psychotherapists who support this argument advocate that trauma is more complex than we realize and that trauma affects each and every individual differently. Yet another published critique of CPT’s efficacy showed unsatisfactory outcomes for treatment of depression, one of the major symptoms of trauma injury.²³

The efficacy of CPT according to most published reviews receives high marks. Those same reviews also show that when CPT is combined with other psychotherapeutic methods its efficacy is even greater. For instance, a 12-session integrated treatment using

²⁰ Kim Mueser, et.al., “A Randomized Controlled Trial of Cognitive-Behavioral Treatment for Posttraumatic Stress Disorder in Severe Mental Illness,” *Journal of Consulting and Clinical Psychology*, 76 no. 2 (2008): 259-271.

²¹ David Tolin, “Is Cognitive Behavioral Therapy More Effective Than Other Therapies?” *Clinical Psychology Review*, 30, no. 6 (2010): 718.

<http://www.sciencedirect.com/science/article/pii/S0272735810000899#> (accessed August 10, 2013).

²² David M. Allen, *How Dysfunctional Families Spur Mental Disorders: A Balanced Approach to Resolve Problems and Reconcile Relationships*. (Santa Barbara, CA: Praeger, 2010), 116-119.

²³ Falk Leichsenring, et al., “Cognitive-Behavioral Therapy and Psychodynamic Psychotherapy: Techniques, Efficacy, and Indications,” *American Journal of Psychotherapy*, 60, no 3. (2006), <http://web.a.ebscohost.com.proxy.gordonconwell.edu/ehost/pdfviewer/pdfviewer?sid=49b35eaf-dd2e-4d08-8564-184e368df268%40sessionmgr4008&vid=1&hid=4101> (accessed Sept 3, 2013).

components of CPT for trauma, CBT for chronic pain management, and Prolonged Exposure (PE)²⁴ for habituation, suggested not only the feasibility of this treatment approach but also its clinical benefit in treating trauma symptoms in war veterans.²⁵

Cognitive Processing Therapy does appear to promote the particular cognitive schema of hopefulness. Previous research has demonstrated that lower levels of hope are associated with increased PTSD symptoms in Vietnam combat veterans and that the increased emphasis on cognitive factors in CPT lead to greater changes in levels of hopelessness for veterans who complete the process.²⁶ The therapeutic relationship between chaplain and veteran can be a place where hope is loaned and borrowed. It could be a thought of as a place where the realities of pain are not postponed but rather held and accepted while the veteran weaves a new thread of hope into his or her suffering. The transformational process of CPT that allows for self-exploration could foster this hope. Over time the veteran moves from ‘borrowing’ hope to ‘creating’ a sense of hope. The combining of all three methods is commonly practiced at the VA.

Over the past several years veterans at the Perry Point MD VA have been asked if CPT has helped their symptoms of hopelessness caused by trauma. While some of them find it helpful, others dislike it, feeling they are being talked out of their emotions. They say that it feels very ‘clinical’. Other veterans find that CPT feels too superficial to them, minimizing the importance of their personal history and faith journey. Some of them feel as though they are ‘pressured’ to think in a certain way in order to gain certain behaviors.

²⁴ Prolonged Exposure (PE) is a technique used by VA mental-health care providers used with veterans to help them face their fears of trauma and effectively manage their anxiety.

²⁵ John D. Otis, et al., “The Development of an Integrated Treatment for Veterans with Comorbid Chronic Pain and Posttraumatic Stress Disorder,” *American Academy of Pain Medicine*, 10, no. 7 (2009): 1305-1309. <http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4637.2009.00715x/pdf> (accessed September 4, 2013).

²⁶ Todd Kashdana, et al., “Gratitude and Hedonic and Eudaimonic Well-Being in Vietnam War Veterans”, *Behavior Research and Therapy*, 44 (2006), 177-199.

Veterans find that they do not like the way CPT downplays emotions while exaggerating the logical components of their thinking.

In general, the Scriptures are supportive of the cognitive theory approach in the strengthening of hope (Rom 12:2; 2 Cor 10:5; Phil 4:8-9) yet at the same time it cautions believers to guard their thoughts against lies (Jn 8:44; Jas 2:14). Cognitive Processing Therapy is more designed to reduce traumatic symptoms by replacing negative thoughts with positive ones not necessarily with truth. This is hopeful in the immediate sense (finite) but not in the eternal sense (infinite) unless those positive thoughts lead the veteran to a transcendent experience of the truth.

In terms of ultimate or finite hope CPT subscribes to a philosophy of relativism, a doctrine claiming that knowledge, truth, and morality only exist in relation to culture and society and thus, are not absolute. For instance, when CPT neglects to address the discrepancy between the trauma-related belief (ex: “Why is God punishing me?”) and the biblical belief (ex: “God allows suffering for a purpose”) it fails to produce a sense of hopefulness that is transcendent. In this case, CPT is simply oriented to the *efficacy* of the person’s belief to what is true. Hope, in other words, is only useful if a person finds it useful for himself or herself regardless of what God thinks. This seems to be the overall problem with mental-health care providers at the VA, and with psychotherapy in general.

Prolonged Exposure Therapy

The use of Prolonged Exposure (PE) as an evidence-based psychotherapy is the other major method therapists in the VA use to treat PTSD and mental health trauma. In evidence-based psychotherapy, the process of facing fears is called *exposure*, or PE. It is

primarily used as an important step in learning to effectively manage a patient's anxiety or fear.

Beginning with studies among patients, Foa and Kozak developed the PE protocol using emotional processing theory almost 25 years ago.²⁷ It attempts to *expose* them to their trauma situations in their mind and imagination. When applying CPT to patients, Foa and Riggs proposed two dysfunctional cognitions that are related to the development and maintenance of PTSD: "I am incompetent" (i.e., I cannot handle stress, my symptoms mean I am crazy), and "the world is completely dangerous."²⁸

With this in mind, the aim of PE, over time, is to help patients *habituate*, or get used to their traumatic memories, making those memories have less control over them. Essentially, the repeated exposure to thoughts, feelings, and situations somehow "desensitizes" traumatic memories, according to PE. This helps the patient confront their memories instead of avoiding them. A typical exposure treatment program takes 9-10 sessions and each treatment session lasts 60 to 90 minutes.

There are basically four parts of the PE session that the therapist and patient focus on:

1. Education: learning about symptoms and common trauma reactions of PTSD. The focus is on Psycho-education about common reactions to trauma and the cause of chronic post trauma difficulties. Goals of the treatment are discussed and planning is accomplished for further sessions.

²⁷ Edna Foa and Michael Kozak, "Emotional Processing of Fear: Exposure to Corrective Information," *Psychological Bulletin*, 99, no. 1 (1986): 20-35. <http://dx.doi.org/10.1037/0033-2909.99.1.20> (accessed September 4, 2013).

²⁸ Edna Foa and David Riggs, "Posttraumatic Stress Disorder Following Assault: Theoretical Considerations and Empirical Findings." *Current Directions in Psychological Science*, 4, no. 2 (1995): 61-65. <http://dx.doi.org/10.1111/1467-8721.ep10771786> (accessed August 29, 2013).

2. Breathing. Breathing retraining is used to help the patient relax. Learning to control one's breathing helps in the short-term to manage immediate distress.
3. Real World Practice. The actual practice of PE with real-world situations is called in-vivo exposure. In-vivo exposure gradually approaches trauma reminders (e.g., situations, objects) that, despite posing no harm, are feared and avoided. Patients practice approaching situations that they are avoiding because they are related to the traumatic event. An example would be a veteran who avoids driving because they relate to the situation of driving over an Improvised Explosive Device (IED) in combat. PE practices confronting the event, until the patient becomes more comfortable with the event over time, lessening the distress.
4. Talking through the trauma. When the patient talks about the event over and over with the therapists PE calls this 'Imaginal exposure'. This involves a repeated recounting of the traumatic memory –emotional reliving of the event(s). Talking through the trauma helps the patients gain more control of their thoughts and feelings about the trauma. It helps the patient make sense of the event and lessens negative thoughts about the trauma. This also acts as a self-assessment of one's anxiety. It is a written account, which is normally read aloud by the patient to the therapist or read aloud within a group setting.²⁹

Edna Foa's work in exposure therapy has been used for many years in dealing with anxiety disorders. It has received the most empirical evidence of any other cognitive theory for its effectiveness in its use with veteran having PTSD and has been very

²⁹ Elizabeth Abou and Gali Goldwaser, "Effective Psychological Treatments for Posttraumatic Stress Disorders: Prolonged Exposure Therapy," *Naval Center for Combat & Operational Stress Control* (November 2009): 23-24.
<http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/Documents/prolongedExposure2.pdf> (accessed August 20, 2013).

effective with patients who have experienced a wide variety of trauma other than PTSD.³⁰ Some studies show that it also reduces the symptoms of depression and anger and, when combined with CPT, directed exposure has been found to be effective in helping treat memories in PTSD.³¹

Most of the published studies consistently found PE to be effective. It is not only effective but also considered the first line of defense used to treat combat related PTSD and trauma related symptoms within the VA.³² Studies show that veterans experienced a significant decrease in symptoms of PTSD and depression, and improvement in quality of life.³³

The concept of PE goes beyond Beck's single focus on the study of depression and anxiety and is found to be effective in the dual-diagnosis of PTSD and disorders such as: dissociation; borderline personality disorder; psychosis, suicidal behavior and non-suicidal self-injury; substance use disorders; and major depression.³⁴ This has been done with considerable effectiveness within the VA by transitioning evidence-based psychotherapy developed in research clinics, into routine clinical care at the VA.³⁵

³⁰ Edna Foa, "Prolonged Exposure Therapy: Past Present and Future," *Depression and Anxiety*, 28 (2011): 1043-1047, <http://onlinelibrary.wiley.com/doi/10.1002/da.20907/pdf> (accessed August 29, 2013).

³¹ David Foy, et al., "Trauma Focus Group Therapy for Combat-Related PTSD," *Journal of Clinical Psychology* 58, no. 8 (Aug 2002): 907-918. <http://web.ebscohost.com.proxy.gordonconwell.edu/ehost> (accessed August 20, 2013).

³² Sheila Rauch, et al., "Prolonged Exposure for PTSD in a Veterans Health Administration PTSD Clinic," *Journal of Traumatic Stress* 22 no.1. (February 200): 60. http://deepblue.lib.umich.edu/bitstream/handle/2027.42/61883/20380_ftp.pdf?sequence=1 (accessed July 20, 2013).

³³ Jason Goodson, et al., "Outcomes of Prolonged Exposure Therapy for Veterans With Posttraumatic Stress Disorder," *Journal of Traumatic Stress* 26 (August 2013): 423-424. <http://onlinelibrary.wiley.com/doi/10.1002/jts.21830/pdf> (accessed October 1, 2013).

³⁴ Agnes Minnen, et al., "Examining Potential Contraindications for Prolonged Exposure Therapy for PTSD," *Journal of Psychotraumatology* 3, no. 2 (2012): 10. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3406222/PDF/ejpt-3-18805.pdf> (accessed October 1, 2013).

³⁵ Bradley Karlin, et al., "Dissemination of Evidence-Based Psychological Treatments for Posttraumatic Stress Disorder in the Veterans Health Administration," *Journal of Traumatic Stress* 23, no. 6. (December 2010): 670-671. <http://onlinelibrary.wiley.com/doi/10.1002/jts.20588/pdf> (accessed October 1, 2013).

It is difficult to find negative published citations on the efficacy of PE in the treatment of trauma disorder. The one exception is the mention of it working best when combined with other psychotherapeutic interventions like CPT or CBT. Encouraging patients to elaborate on new insights and identifying them is likely to facilitate emotional processing and somehow modify their unrealistic views of reality.

In regards to whether or not PE produces hope is questionable even though veterans find some comfort in knowing that it does bring temporary relief from fears associated with memories. In general, the study could not find published data that showed PE produces hope. However, PE can be considered hopeful in that it tries to get the veteran to identify the *trigger* that induces the fear. This can help to reframe a veteran's thinking especially if those triggers are understood as part of God's hopeful design (Ex 20; Jos 1:7; Ezk 20:19).

In regards to its effectiveness in reducing anxiety associated with trauma, PE works. It works best when combined with CBT.³⁶ However, the relief of temporary anxiety alone does not help foster ultimate hope. As mentioned, infinite or eternal hope is secured only in the context of a transcendent truth that provides a person security beyond the finite or immediate type of hope (Rom 8:24-25). Similar to CPT, PE is primarily concerned with finite hope.

Solution-Focused Models of Change

Solution Focused Brief Therapy

Solution Focused Brief Therapy (SFBT) is a form of psychotherapy examining what the patient wants to change and what to leave undone. SFBT has its roots in the work

³⁶ Mark McMinn and Clark Campbell, *Integrative Psychotherapy: Toward a Comprehensive Christian Approach* (Downers Grove, IL: InterVarsity Press, 2007), 229-230.

of Insoo Kim Berg and Steve de Shazar, therapists in the 1960's.³⁷ From the therapies discussed SFBT is the most similar to AI in theory and strategies.

It is a solution-focused approach to problem solving, proposing that there are always exceptions to the presenting problem. Like AI, it focuses more on the strengths and resources of the patient than on weakness or limitations, forming realistic, achievable, and highly specific treatment goals. SFBT focuses on solutions versus the problem. The basic stages of solution are:

1. Describing the problem: The patient describes a problem and the therapist/counselor asks for details to consider for the next steps to move toward a goal.
2. Developing well-formed goals: The patient describes what will be different when the problem is solved.
3. Exploring for Exceptions. These are times in the patient's life when the problem is not happening or is not as severe.
4. End-of-session feedback: The therapist takes a break for several minutes and constructs feedback, sometimes with a team.
5. Evaluation of patient progress: The therapist evaluates with the patient the progress that has been achieved towards a goal. There is a focus on empowerment and client strengths. The therapist uses the patient's frame of reference to determine progress (i.e. reality is generative from the patient's point of view).³⁸

In constructing solutions SFBT uses two techniques unique to its form of psychotherapy: the miracle question and scaling questions. The miracle question

³⁷ Coert F. Visser, "The Origin of the Solution-Focused Approach," *International Journal of Solution-Focused Practices* 1, no.1 (2013): 10. <http://www.ijfsp.com/index.php/ijfsp/article/view/10/15> (accessed September 3, 2013).

³⁸ Peter Dejong and Insoo Kim Berg, *Interviewing for Solutions* (Pacific Grove, CA: Cole Publishing, 1998), 10-19.

challenges patients to focus away from the negative and towards the positive by articulating exactly what they want the future to be like. For example, the counselor or therapist may ask the patient, “Suppose you went to sleep tonight and in the middle of the night, a miracle happened—the problem was solved! How will you and others know the problem happened, and what would you now do differently?”

Scaling questions, allows the patient to describe the problem on a scale of one to ten—one indicating the problem at its worst and ten indicating the problem at its best, for instance, the miracle. After the given response, the therapist would follow up by asking the patient what it would take to get to the next number on the scale. The ‘scaling’ creates a language for the patient to use as a way to identify changes in the overall process. Even with small changes the patient is helped to become more hopeful.

Solution-focused Brief Therapy maintains many of the same core principles found in AI. Even their assumptions are similar in that change is socially constructed³⁹ and the patient, not the therapist, is viewed as the expert of that change. Both models look for life-giving solutions that already exist, repeating them as a way to shape behavior, ultimately creating hope for the future.

One difference between SFBT from AI is their audience. AI originated as a way of looking at organizations, whereas SFBT was developed as a form of individual therapy. Another difference between the two approaches is that SFBT gives attention to the present and future desires of the client, whereas AI focuses not only on the present and future, but on the patient’s past as well.

³⁹ Social constructionism advocates that there is no true reality. Each person creates his or her own concept of reality.

By emphasizing the present and not worrying about the content of the problem in the past, the approach of SFBT requires psychotherapists to not have to rely on past experiences of the patient. They do not have to rely on theoretically formed truths and knowledge to understand and interpret therapeutic needs. This is a major strength of SFBT. Instead, knowledge and understanding rest on the patient. He or she is the expert of the situation, and the solution resides within him or her.⁴⁰

Solution-focused Brief Therapy attempts to focus on desired outcomes rather than being fixated on the problem. This is hopeful. It specifically challenges people to acknowledge when things are better and if they are better than past experiences. This too corresponds with AI's fundamental approach to change.

There are several basic assumptions within this model that should be considered:

1. Attentive listening to a person's story without interruptions or assumptions
2. Respecting and appreciating a person's story
3. Keeping focused on the desired outcomes
4. Spending little time focusing on the problem
5. Focusing on what is going well, rather than on what is not going well
6. Consider the person more important than the problem
7. Acknowledging that the person is the expert on his or her life
8. View change as an ongoing process
9. Success in achieving something hoped for comes in increments which sustains hope⁴¹

⁴⁰ Terry Trepper, et al., "Solution Focused Therapy Treatment Manual for Working With Individuals," Research Committee of the Solution Focused Brief Therapy Association, (2010): 1-16. <http://www.solutionfocused.net/treatmentmanual.html> (accessed September 3, 2013).

⁴¹ Robert Blundo, Kristin Bolton, and Christopher Hall, "Hope: Research and Theory in Relation to Solution-Focused Practice and Training," *International Journal of Solution-Focused Practices* 2, no.4 (2014): 57. https://www.academia.edu/25027189/Hope_Research_and_Theory_in_Relation_to_Solution-Focused_Practice_and_Training (accessed Aug 9, 2013).

Solution-focused brief therapy maintains a sense of personal hope in psychotherapy. In general, SFBT is a positive and hopeful approach to change but like the other models previously studied it views hope as self-generating. It is a psychology of hope, which is primarily associated with self-generating goals that create a sense of hopefulness. Even though it facilitates a person's attempts to make changes toward future desired outcomes, those outcomes are not embedded in a transcendent truth.

Hope is an important component in SFBT practice. Future-oriented questions and the focus of desired outcomes can generate hope and possible change. As Lopez and his colleagues suggest, SFBT's concept of hope is often referred to in general terms as contributing to positive change.

“Hope finding, bonding, enhancing, and reminding are essential strategies for accentuating hope. *Hope finding* can strengthen a client's expectations that the therapists can and will help them. Bolstering client's expectations for assistance simultaneously may instill hope in change and enhance their therapeutic bond between client and therapist. *Hope bonding* is the formation of a sound hopeful therapeutic context...*Hope reminding* is the promotion of effortful daily use of hopeful cognitions. Goal thoughts...are identified cognitive cues that stimulate the client to incorporate therapeutic techniques that leave previously enhanced hopeful thought.”⁴²

Hope is a significant element in SFBT because the notion of creating a better future and the belief that the future may be different in a positive way is hopeful. The idea that things could be different can lead to positive life-giving goals and solutions. As this process continues it could create more hope.

In SFBT, having desired goals and creative ways to achieve those goals seems to be essential for creating hopefulness.⁴³ In order for progress to be made in therapy,

⁴² Shane Lopez, Charles Snyder, et al., eds., Alex Langley and Stephen Joseph, *Positive Psychology in Practice* (Hoboken, NJ: John Wiley & Sons, 2004), 390.

⁴³ Charles Snyder, *The Hope Mandala: Coping With The Loss of a Loved One*, ed. J. E. Gillham (Philadelphia, PA: Templeton Foundation Press, 2000), 131.

veterans need to be able to formulate an expectation of things getting better or different in some way. This is hopeful. According to Snyder, “People in psychotherapy become hopeful by finding any one of the following: a new goal, a new pathway, or a new sense of agency.”⁴⁴ This is what SFBT primarily sets out to do.

When exemplifying hope in SFBT, Reiter states,

Hope is a major factor in therapy and one that therapists can help foster in clients. Clients come to psychotherapy because things are not going the way that they wish in their lives and their normal coping mechanism have not been successful in alleviating the compliant situation. Many clients come to therapy with some of their hope diminished. Part of coming to therapy is to increase one’s hope and expect change.⁴⁵

SFBT offers veterans a perspective of hope that deals with or manages their recovery in a way that allows them to be hopeful even though their desires or goals are not currently being met. In these circumstances where their needs or goals are not being met SFBT can enable veterans to persevere and remain hopeful through the many challenges encountered in the recovery process. This expectation may change across time but it appears to be a hopeful element in the SFBT process.

Solution-Focused Pastoral Counseling

Similar to SFBT, Solution-Focused Pastoral Counseling (SFPC) focuses on solutions verses the problem. Charles Kollar developed this Christian version of SFBT in the mid-nineties, drawing from the works of, William Glasser, developer of reality therapy and choice theory and Milton Erikson, known for his work in medical hypnosis

⁴⁴ Charles Snyder, ed., *Coping: The Psychology of What Works* (New York, NY: Oxford University Press, 1999), 217.

⁴⁵ Mark Reiter, “Hope and Expectancy in Solution-Focused Brief Therapy,” *Journal of Family Psychotherapy* (2014): 133.

and family therapy. Kollar has expanded Berg and De Shazar's assumptions and stages of solutions by adding:

1. God is already active in the patient: The emphasis here is the language of faith, which is positive, versus deficient or negative.
2. Complex problems do not demand complex answers: What needs to be clarified is the solution itself, not the problem.
3. If it's not broken, don't fix it. It is suggested that if the solution is not working, move on and try something else. Focus on what is working.⁴⁶

SFPC incorporates many of the same philosophic principles as SFBT but with a different focus on change. Kollar suggests that change is important to God and that the idea of growth and change is derived with an understanding of a biblical sanctification process.⁴⁷ He argues that scripture is full of references to change and doing away with the sinful life, as indicated by Isaiah 43:18-19, "Forget the former things; do not dwell on the past. See, I am doing a new thing! Now it springs up; do you not perceive it? I am making a way in the desert and streams in the wasteland."⁴⁸ Kollar, in general, stresses that the emphasis on change is derived from many other portions of scripture as well.

According to AI's principle of social constructionism *people* and *organizations* perceive their reality and structure their existence. In other words, the perception of reality is self-fulfilling. From this social constructionist viewpoint comes one of the assumptions of appreciative inquiry: "what we focus on becomes our reality."⁴⁹ In essence, social constructionism assumes that our perception of reality is a construction

⁴⁶ Charles A. Kollar, *Solution-Focused Pastoral Counseling: An effective Short Term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011), 176-178.

⁴⁷ Kollar, *Solution-Focused Pastoral Counseling*, 25.

⁴⁸ Kollar, *Solution-Focused Pastoral Counseling*, 48.

⁴⁹ Sue A. Hammond, *The Thin Book of Appreciative Inquiry*, 2nd ed. (Bend, OR: Thin Book, 1996), 20.

integrating shared ideas and the imagination. This perception of reality, or the meaning people attribute to reality, in turn, is generative in that it leads to activity.

Kollar, on the one hand, would agree that every person lives within his or her own perception of reality. Life as we know it is construed through our unique experiences and life choices. On the other hand, he argues that how we construct reality goes beyond our own mere experiences and the collaboration of ideas with others. He suggests that the meaning of perception and how we define reality and meaning ultimately involves the work of the Holy Spirit as a creative agent of change.⁵⁰

Kollar's model can be effective with a variety of people and situations even within the mental health and recovery context. He contends that it can serve the needs of difficult mental health situations such as personality disorders, psychotic disorders, and dissociative identity disorders.⁵¹

Unfortunately, Kollar's model seems to imply that hopefulness is achieved primarily through healing by the Holy Spirit's work in the believer. The model does not take into consideration how hope can also be attained through suffering, trials, patience, and perseverance (Rom 5:3-5). Biblical characters such as Paul, Jonah and Job also come to mind as having attained hope through suffering and trials.

The solution-focused approach assists people to deal with their problems by creating a future-oriented mindset. By doing this, it fosters a positive self-perception, which can help build a foundation of hope. Kollar has taken this positive approach and integrated its assumptions with biblical scripture. In terms of pastoral counseling, SFPC represents an attempt to integrate both scientific (positive psychology), subjective human

⁵⁰ Kollar, *Solution-Focused Pastoral Counseling*, 45.

⁵¹ Kollar, *Solution-Focused Pastoral Counseling*, 255-260.

experience, and spiritual resources. The process of dealing with hopelessness must at one point re-ascribe meaning and purpose through spiritual transformation. This is what the model advocates.

The terms of empowerment there are two basic ingredients found in SFPC that help foster hope that can be applied from a pastoral counseling perspective. The first is the use of incorporating specific treatment goals and planning which helps to sustain hope in recovery. This is what Snyder would refer to as means or ‘pathways’ in goal setting. Secondly, coping through the use of spiritual disciplines and practice can positively influence hopelessness. Resources such as prayer, scripture reading and study are a therapeutic benefit contributing to the increase of hope. The emphasis here is on spiritual formation.

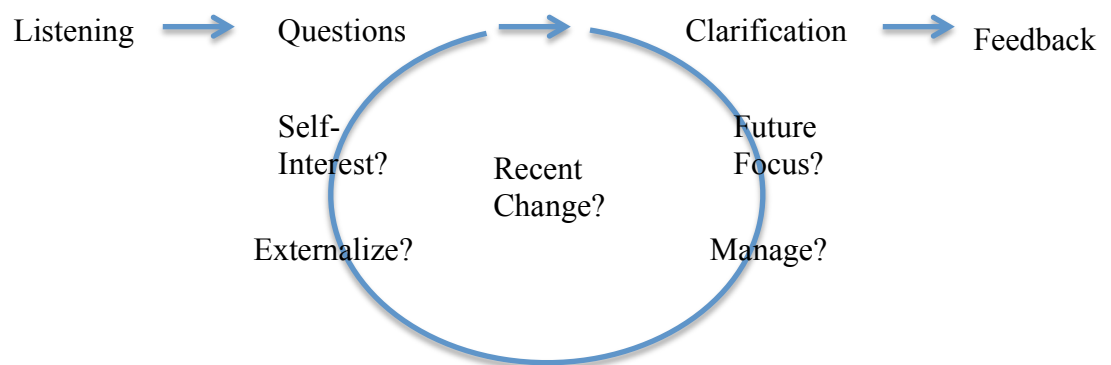


Figure 2. Solution-Focused Pastoral Counseling Flowchart

According to Farran hope is conceptualized as having four main attributes: an experiential process, a spiritual or transcendent process, a rational process, and a relational process.⁵² It is the spiritual or transcendent process in the SFPC model that sets it apart from the other models. It focuses on the infinite part of hope through a spiritual or

⁵² Carol Farran, Kaye Herth, and Judith Popovich, *Hope and Hopelessness: Critical Clinical Constructs* (Thousand Oaks, CA: Sage Publications, 1995), 6.

biblical precedent. “Hope in this sense is woven through faith because faith cannot be sustained without hope and hope has no base without faith.”⁵³ Hope and faith for Kollar and SFPC model are associated with spirituality, a confidence about something that is not yet proven, and a sense of assurance about an uncertain context (Heb 11:1).

Appreciative Inquiry: A Proposed Integrative Model of Change

As an organizational change model AI is practiced primarily within corporate settings to bring about mission and vision unity. It is not generally considered a psychotherapeutic intervention, but like psychotherapy, it is a process focused on helping people change and learn more constructive ways to deal with their problems or issues in life. The model goes beyond interpreting human experience and seeks to discover what is ‘life- giving’, something that is hopeful. Unlike a problem-focused approach to change AI is a paradigm shift that involves a systematic discovery of what gives “life.”⁵⁴ It builds on life-giving values, appreciating what is good and valuable in the present situation and effecting life-fulfilling change in the future.⁵⁵

Appreciative Inquiry is also different from a solution-focused approach as represented by SFBT and SFPC models. Both models advocate that change occurs when focus is given to positive thoughts over negative ones within a person’s narrative. AI, however, approaches change by supporting both the positive and negative realities of change in one’s story. The Narrative principle used within AI reframes stories that transform meaning. If suffering, for instance, works by bringing about positive change

⁵³ Farran, et al., *Hope and Hopelessness*, 7.

⁵⁴ David L. Cooperrider, Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2008), 433.

⁵⁵ Cooperrider et al., *Appreciative Inquiry Handbook: For Leaders of Change*, 18.

then that is hopeful transformation. Our lives are constituted as meaningful when they are able to express the full meaning of reality.⁵⁶

AI's basic method and conceptual approach is that it is based on the idea of discovering what works and gives life to organizations (cultures, communities, groups, and individuals). It aims to create realities of truth by *inquiring* about people's best experiences and then using those experiences as means for problem solving and imagining the future.

As a 'life-enhancing' change process, AI affirms what is hopeful rather than what is discouraging. Used in this way, it provides a framework and a method to initiate thoughts and actions that have the potential to produce outcomes that are life affirming and life giving. As a model, it forces a person or situation to look at what is already working well and then capitalizes on those strengths and values. Similarly, Jesus in much of his teachings would often admonish his hearers to "behold" that is, to look or focus on certain things. This is the second assumption of AI, "What we focus on becomes our reality."⁵⁷

Theoretically, AI is based on Social Constructionism, primarily from the work of Kenneth Gergen and his concept of generative theory.⁵⁸ Social constructionism looks at how we understand the way people perceive reality and how they should live. It claims that what we focus on becomes reality and that social reality is created by stories we tell about ourselves. In other words, the constructionist principle says, "words create

⁵⁶ Michael White and David Epston, *Narrative Means to Therapeutic Ends* (Adelaide, South Africa: Dulwich Center, 1990), 160-162.

⁵⁷ Hammond, *The Thin Book of Appreciative Inquiry*, 20.

⁵⁸ Kenneth J. Gergen, *An Invitation to Social Construction*, 3rd ed. (Los Angeles, CA: SAGE, 2015), 91-93.

worlds”⁵⁹ In order to create these ‘worlds’ AI emphasizes the power of positive images over negative ones to generate and direct change. The focus is on restoration rather than brokenness.

This mindset is imbedded in positive psychology, as seen in the pioneering works of Martin Seligman and Mihaly Csikszentmihalyi.

It is a ‘science of happiness’. The result of their research proposes that people look at life optimistically, not pessimistically. The science of positive psychology suggests that at the subjective level positive psychology is about *valued subjective experiences*: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about *positive individual traits*: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the *civic virtues* and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic.⁶⁰

Cooperrider adopted the principle of *positivism*, as a theory for transformational change. The principle is what uniquely sets AI apart from traditional organizational or social approaches to change. This is considered to be a major difference over traditional problem-focused psychotherapies in that it creates a paradigm shift from focusing on the negative to focusing on the positive.⁶¹

Positive psychology has generally received favorable reviews from much of the published literature examined. It has been widely accepted in our post-modern culture as

⁵⁹ Gervase Bushe, “Appreciative Inquiry: Theory and Critique.” D. Boje, B. Burnes, and J. Hassard, eds., *The Routledge Companion To Organizational Change* (2010): 87-103. <http://www.gervasebushe.ca/AITC.pdf> (accessed August 20, 2013).

⁶⁰ Martin Seligman and Mihaly Csikszentmihalyi, “Positive Psychology: An Introduction.” *American Psychologist*, 55, no.1 (January 2000): 5. <http://www.ppc.sas.upenn.edu/ppintroarticle.pdf> (accessed August 20, 2013).

⁶¹ Giacomo Bono and Michael McCullough, Positive Responses to Benefit and Harm: Bringing Forgiveness and Gratitude Into Cognitive Psychotherapy,” *Journal of Cognitive Psychotherapy: An International Quarterly* 20, no. 2 (2006): 1. http://www.psy/miami.edu/faculty/mmccullogh/papers/positive/JCP_20_06_print.pdf (accessed August 20, 2013).

a philosophy for some time. Even psychotherapy admits to its benefits: lending itself to a more thorough understanding of clinical disorder and distress; its ability to better explain and predict disorders; the ability to better understand resiliency; and its unique opportunities to rapidly expand the knowledge base of psychology.⁶²

A fair amount of published literature accepts the philosophical tenants of positive psychology in that it emphasizes people's strengths, virtues, spiritual growth and development. Javier Borrego, a psychology researcher, claims that positive psychology provides a new lens that therapists and counselors can look through as an alternative to traditional psychological diagnostics.⁶³

Others, on the other hand, take little stock in the science of happiness, arguing that it is difficult to break the cycle of negative thinking that characterizes psychiatric disorders, such as obsessive-compulsive disorders, loss of self-esteem, and the chronic loss of confidence.⁶⁴ In general, it is difficult to predict where positive psychology will end up. Compared to traditional and more mainstream psychological theories such as psychoanalysis and psychotherapy, it is in its infancy in terms of providing reliable tools for working with meaning and defining reality.

In terms of AI's philosophical roots, Cooperrider, Whitney, and Stavros credit the "spirit" behind the principles of AI to the writings and teachings of Marcel, Quinney,

⁶² Alex Wood and Nicholas Tarrier, "Positive Clinical Psychology: A New Vision and Strategy for Integrated Research and Practice," *Clinical Psychology Review* 30, no. 1 (2010): 820. <http://www.sciencedirect.com/science/article/pii/S027273581000> (accessed August 21, 2013).

⁶³ Javier Lopez-Cepero Borrego, et al., "Ten Major Reviews About Positive Psychology," *Annuary of Clinical and Health Psychology* 5 (2009): 52. <http://www.researchgate.net/ten/majorreviewspositivepsychology/32bfe5013d9a.pdf> (accessed August 21, 2013).

⁶⁴ Alistair Miller, "A Critique of Positive Psychology—Or the New Science of Happiness" *Journal of Philosophy of Education* 42, no. 3-4 (2008): 597-601. <http://onlinelibrary.wiley.com/doi/10.1111/j.14679752.x/pdf> (accessed August 21, 2013).

Jung, Maslow, and Ghandi.⁶⁵ From their ideas AI has evolved into five guiding principles. Together, these principles serve as the foundation for its teaching. They are:

1. *Constructionist*: Social knowledge and community are important human constructs interwoven together and created through conversations people have with one another.
2. *Simultaneity*: The acts of inquiry and change do not happen separately but simultaneously. We do not approach change by first analyzing the problem but that very act of inquiry creates its own change.
3. *Poetic*: Human organizations and communities are “living books”, constantly being revised. The past, present and future are stories used as resources for inspiration.
4. *Anticipatory*: Our current positive or life-giving behavior is guided by images of the future which acts as the energizing force behind AI.
5. *Positive*: The momentum for change requires great amounts of positive outlook and social bonding. Inspiration, sense of purpose, hope, and the excitement of creating something meaningful together, create long-lasting and effective change.⁶⁶

The 4-D Cycle is a dynamic and repetitive process that drives AI. Its intent is to begin with affirmative questions that reveal the ‘positive core’ and then to build upon that core in order to generate change and transformation. The ‘positive core’ is made up of the collective attributes, strengths, and assets of organizations and people. This is a very important part of the AI process where the history, traditions, and values of the organization reside. The cycle consists of four stages:

1. *Discover Stage*: This is the best of what already exists in an organization or person. This stage tries to discover what is the high point people have experienced in the past.

⁶⁵ Cooperrider, et al., *Appreciative Inquiry Handbook: For Leaders of Change*, 378.

⁶⁶ Cooperrider, et al., *Appreciative Inquiry Handbook: For Leaders of Change*, 8-10.

This is where people tell their positive stories of what worked, what is already going well within the organization? Once found, then this stage seeks to capitalize on that.

2. *Dream Stage*: In this stage people are encouraged to envision an inspiring future.

Dreaming creates vision, which then creates possibilities and potential purpose. People are encouraged to imagine a preferred future, going beyond what has already been accomplished.

3. *Design Stage*: This stage asks the question, “What can and should be done?” This is accomplished through the use of everyone’s stories. The purpose here is to bring about change by implementing the best strategies and action plans to make the dream happen.

4. *Destiny*: In this last stage everyone is asked to commit to continuous learning and renewal. They ask each other what inspires and sustains change in order to nurture the organization’s purpose.⁶⁷

When we consider AI’s principles, assumptions, and philosophical roots, it can be considered a powerful model for change. As a therapeutic tool it tends to produce a positive affect among participants, building resiliency and integration of thinking similar to that of CPT and PE. Like many evidence-based psychotherapies it attempts to expose weaknesses and puts a focus on resources that work.

The results of this review on AI suggest that the process of going through its four stages has the potential to help in the development of innovative ideas towards greater levels of hopefulness. Especially, in terms of the questions asked in the ‘Discover Stage’, questions focused on things people value most, what are most important strengths or qualities a person has, and what is most meaningful for the individual. According to

⁶⁷ Diana Whitney, and Amanda Trosten-Bloom, *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2010), 43-48.

Whitney and Trosten-Bloom, AI works because it creates an opportunity for people to be heard, they are recognized as contributors, feeling loved and cared for.⁶⁸

When compared to PE's version of the discover stage, AI uses much more narrative. It encourages the patient to talk through the trauma but only as a way to report or journal their events for the purpose of exposure and remembering.

The same is true for CPT which, according to Resick and Monson created their form of a discover stage by way of using Socratic questioning to their design of cognitive therapy. CPT asks questions such as "What do you mean when you say..." or "Why do you think you act in this way?" Problem-focused therapies are characterized by the "why" question. On the other hand, AI cares less about the 'why' question and asks people what they value most and what strengths they possess.

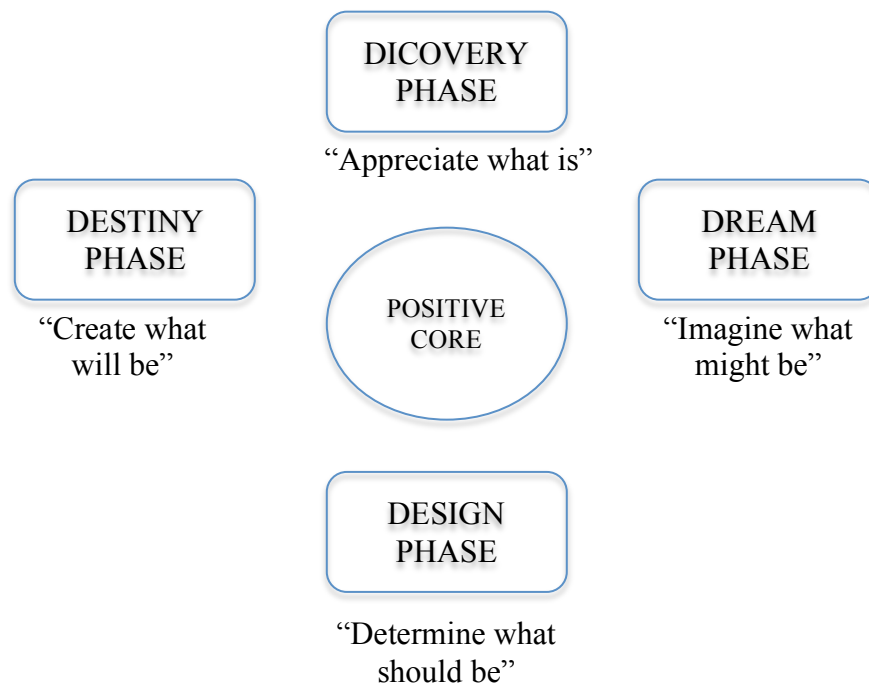


Figure 3. Appreciative Inquiry's 4-D Cycle of Change

⁶⁸ Diana Whitney, and Amanda Trosten-Bloom, *The Power of Appreciative Inquiry*, 270-272.

In light of the four models, AI is conceptually similar to a solution-focused approach as demonstrated by SFBT and SFPC. Giving focus to the positive instead of the negative, AI focuses on socially constructed assumptions rather than utilizing rational pragmatist assumptions operative in CPT and PE. Although positive psychology is at work in all three models it is more pronounced in SFBT, proposing an outlook on life that is centered around optimism. Its focus on the positive defies the traditional mental health paradigms of CPT and PE, which rely upon deterministic approaches.

In the therapeutic process the assessment and development of hope is accomplished through the type of questions utilized in the process.⁶⁹ In the AI approach, changing the questions from investigative ones characteristically used by CPT to questions of positive inquiry facilitated hopeful dialogue within group discussions. This is a shift from a deficiency model to a strengths-based model. For instance, the question, “Why do you feel unsafe?” used by CPT is replaced by “What do we need to do to make you feel safe?” used with AI. Positive questions tend to “undo lingering negative emotions; fuel resiliency, and trigger improved emotional well-being.”⁷⁰

There is also a fundamental difference in how hope is generated between the models, especially between AI and Kollar’s SFPC model. AI uses a social-constructionist approach as opposed to Kollar’s Christian or biblical one. According to Cooperrider and Whitney, “constructionism replaces absolute claims or the final word with a never-ending collaborative quest to understand and construct options for better living.”⁷¹ The Christian worldview, on the other hand, maintains that absolute truth exists (John 8:24). Hope, as

⁶⁹ Marilee Adams, *Change Your Questions Change Your Life*, (San Francisco: Berrett-Koehler, 2004), 21.

⁷⁰ Barbara Fredrickson, “The Role of Positive Emotions in Positive Psychology: The Broaden-and-Build Theory of Positive Emotions” *American Psychologist*, no. 56 (2001): 218-226.

⁷¹ David Cooperrider and Dian Whitney, “A Positive Revolution in Change,” *AI Commons* (1999): <https://appreciativeinquiry.case.edu/uploads/whatisai.pdf> (accessed June 2013), 50.

an absolute truth must be maintained because scripture defines it. Social-constructionism cannot make the same claim because its very goal is to construct a truth based on the relative truths of individuals. In this sense, hope cannot be considered conceptually finite.

There also exists a therapeutic ritual found in each of the models that may affect hope differently between them.⁷² The therapeutic process used within each model by the therapist may help to influence the client's level of hope based on the confidence the therapist has in his/her mastery of this therapeutic ritual. This confidence "works by enhancing the client's belief in the potential for healing or hope."⁷³ The therapist's level of ability in working with any of the models could affect hope making in the end.

Summary

Cognitive-Processing therapy (CPT) is one of the two primary psychotherapies used in treating veterans suffering from depression and other mental health symptoms related to trauma. Prolonged Exposure (PE) is the second.⁷⁴ Each of the models are based on the VA's most effective type of counseling—Cognitive-behavioral therapy (CBT) that aims to identify a person's thoughts about themselves in order to better cope with their world. This type of psychotherapy tries to help veterans understand and replace more accurate and less distressing thoughts associated with their mental health problems.⁷⁵

⁷² Jerome Frank and Julia Frank, *Persuasion and Healing: A Comparative study of Psychotherapy*, 3rd ed. (Baltimore, MD: Johns Hopkins University Press, 1991), 18-26.

⁷³ Charles Snyder, ed., *Coping: The Psychology of What Works*, 205-231.

⁷⁴ Jessica Hamblen, "Treatment for PTSD," National Center for PTSD, U.S. Department of Veterans Affairs, (January 2010): 1. <http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp> (accessed March 2013): 1.

⁷⁵ Hunter, *Dictionary of Pastoral Care and Counseling*, 189-190.

Both models can be considered what researches refer to as ‘problem-focused’ approaches to change.⁷⁶

Cognitive Processing Theory hypothesizes that traumatic events can dramatically alter basic beliefs about the world, the self, and others. It focuses on how trauma survivors integrate traumatic events into their overall belief system through assimilation or accommodation. This method does not seek to change the details of the traumatic event, but seeks to change what the patients are telling themselves about the traumatic event that is increasing their PTSD symptoms. It is a process, which attempts to reframe distorted thoughts caused by traumatic experiences into more realistic ones.

Prolonged therapy is the approach used more often in treating veterans with symptoms of PTSD, and it can either be combined with CPT or as a ‘stand-alone’ therapy. The therapy aims to expose veterans’ past trauma memories and imaginations and determine the meaning related to the trauma event. This requires the veteran to repeatedly recount the traumatic episode over time until he or she feels less overwhelmed by the event. The results allow the veteran to ‘habituate’, or get used to those memories, which in turn, make those memories have less control over them.⁷⁷

Both CPT and PE share an implicit goal in that they strive to identify maladaptive concepts “schemas” that inform a person about what to expect from life’s

⁷⁶ In general, problem-focused approaches to transformation have traditionally focused on *causes* that impede change. The process involves a great deal of evidence gathering by asking who, what, why, and where to solve the problem. In this sense it is very much a “detective” approach to solving the case. There is a great need to identify the culprit and once identified you have “fixed” the problem. Since the 1930’s organizations have called this approach a “deficit-based approach to problem solving” (Cooperrider, *Appreciative Inquiry Handbook*, 16).

⁷⁷ Jessica Hamblen, *Treatment for PTSD*, National Center for PTSD, U.S. Department of Veterans Affairs, (January 2010): 1. <http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp> (accessed March 2013).

experiences. These ‘schemas’ are typically stored as memories and function as ways to connect with future experiences, making mental perception easier to navigate.⁷⁸

This study also discussed two other models used by VA social workers and chaplains as therapeutic types of counseling. Both models represent a counter approach to the problem-focused method. This “counter” is normally referred to as a ‘solution-focused’ model of change. The solution-focused approach taps into a person’s resources and eternal values. It is concerned with a person’s preferred outcomes, seeking to co-construct solutions to their problems.⁷⁹

Solution Focused Brief Therapy and the other is its spiritual counterpart, Solution Focused Pastoral Counseling (SFPC), were forms of counseling created in the first half of the 1980’s. Each of them targets the desired outcome of therapy as a solution rather than focusing on the symptoms or issues that brought someone to therapy.⁸⁰

Cognitive Processing Therapy and Prolonged Exposure currently use problem-focused approaches for change in mental-health counseling of veterans. By using this approach this form of psychotherapy relieves symptoms of hopelessness using finite concepts and ideas. Hope, as an infinite agent is not addressed, therefore lacks ultimate or infinite purpose. The scriptures contain images of hope that go beyond the finite and move toward an “exodus” experience. Spiritual journeying, for instance, suggests that people are on the move toward something better, something hopeful. People are willing to take risks even when they don’t know what the future presents (Heb. 11:8). This is

⁷⁸ Mark McMinn and Clark Campbell, *Integrative Psychotherapy: Toward a Comprehensive Christian Approach* (Downers Grove, IL: InterVarsity Press, 2007), 79-80.

⁷⁹ Bill O’Connell and Stephen Palmer, *Handbook of Solution-Focused Therapy* (Los Angeles, CA: SAGE, 2003), 2.

⁸⁰ Coert Visser, “The Origin of the Solution-Focused Approach” *International Journal of Solution-Focused Practices*, no. 1 (2013): 10-17.

faith. Moltmann suggests that faith is: "...leaving the dwelling places of reality where one has peace and security and giving oneself over to the course of history, to the way of freedom and danger, the way of disappointment and surprise, borne along and led solely by God's hope."⁸¹

Solution-focused Brief Therapy and Solution-focused Pastoral Counseling currently use solution-focused approaches for change in mental-health counseling of veterans. They both advocate that therapists use forms of solution language that expresses optimism. An example of this would be the asking of the "miracle question", used in SFBT. Similar to problem-focused approaches to change SFBT helps clients to focus on their goals for treatment to create hope in the present situation. It does not assume an ultimate hope for goal treatment.

As relevant as SFPC is in sustaining hope it may not be successful in every situation. One of its limitations is the counselor's perspective. For instance a counselor with limited perspective may label a counselee as uncooperative (attending or blaming), resistant or controlling.⁸² Not all veterans are Christian, which means that sustaining hope in a transcendent sense from a Christian perspective may not be a priority for them. If this is the case then the attainment of hope results in a finite situation and only serves to address present symptoms.

The other significant observation made about SFPC is that it focuses on building upon only positive aspects. This contradicts the very scriptures from which Kollar builds his model. Positive and negative strengths should be considered as long as they are strengths that work, allowing the veteran to move forward confidently in their recovery.

⁸¹ Jürgen Moltmann, *The Experiment Hope* ed. and trans. Douglas Meeks (Eugene Oregon: Wipf and Stock, 2003), 47-48.

⁸² Kollar, *Solution-Focused Pastoral Counseling*, 235-236.

Table 1. Existent Change Model Approaches

Problem-Focused Approaches	Solution-Focused Approaches
Cognitive Processing Therapy	Solution Focused Brief Therapy
Prolonged Exposure	Solution Focused Pastoral Counseling

There is a need for an “appreciative spiritual reframing” that could help veterans understand negative events as found in the care of a loving God. Appreciating negative events or thoughts are not a form of punishment but instead are seen as circumstances of which God is in control. Suffering may be misunderstood, but putting it in the proper framework, God can make it meaningful.

The final model explored was Appreciative Inquiry. The research found that this model is a means that not only empowers people but also helps them feel valued. AI values people’s *stories* as important. This has great implications for pastoral work as chaplains commonly interact with a veteran’s story in counseling and how significant in interplays with God’s story.

One of the important elements of AI as a model of change is that it is *collaborative* in its approach to transformation. It suggests, “In all communities, as in organizations of all types, Appreciative Inquiry fosters openness to learning, a willingness to meet ‘the other,’ and a capacity to create life-affirming ways of going forward together.”⁸³ Again, there is positive strength when the focus of pastoral work reminds veterans that the spiritual journey is not done alone but with God. In this regard there is a true sense of accompaniment in the AI process, a process that recognizes that veterans are connected in relationship to God and in community to the world.

⁸³ Diana Whitney and Amanda Trosten-Bloom, *The Power of Appreciative Inquiry*, 264.

The idea that AI is *holistic* in its approach is another positive strength for pastoral work. In a holistic wellness approach, the VA recovery process looks at the whole person, just as the Appreciative Inquiry approach looks at the whole system. To achieve wellness, a person or system must look within to deeply examine core values and priorities, and make choices to progress based on the healthiest or highest values.

At the end of an AI session, not only does the system know what it does well, it also has created goals and plans for how to be “more” than it was before. Theologically, this sounds similar to the ‘sanctification’ process or practices in ‘discipleship’. God guides Christians to maturity, a practical, progressive holiness so that believers can be “more” of who they are in Christ (1 Thes. 5:23).

The study also found that AI infuses people with new *vision* and *life*. By shifting a worldview from deficit-based analysis and planning (“what’s wrong; who is to blame; why have we failed; how can we treat the illness?”) to a strength-based model of action (“what works here; what might be; what should be”). For example, in a recovery setting, a veteran treated by diagnosis and prescription may become symptom-free, but still have serious health risks from lifestyle choices. That sense of transformation is fundamental to the process. Appreciative Inquiry focuses on discovering what “gives life.” A positive way believers are encouraged to attain the power of God is by a strength-based model of action approach. (Philippians 4:8)

According to the study it found that Appreciative Inquiry is philosophically aligned with the messages and mission of Christ and his teaching. Apart from the other models researched AI demonstrated that the means by which results are achieved often match the emphasis of Christian teachings on the profound worth and dignity of every

human being. AI's fundamental ideas on collaboration, holism, and a positive outlook on life make this model of change unique from the others, and to be discussed more fully in the following chapters.

CHAPTER 3

THE NORMATIVE TASK: WHAT OUGHT TO BE GOING ON?

The matter of hope and how it might be nurtured and strengthened is an essential goal in chaplain ministry. Hope is found at the very core of pastoral work and the kind and level of hope infused into the pastoral process directly affects the kind and level of change that occurs in that process. There exists a significant need for pastoral work to infuse a biblical hope within mental-health recovery. Chaplains should strive to be faithful in proclaiming the biblical concept of hope as an ultimate reality for change. Hope must be claimed anew in a way that is life enhancing; otherwise people view the future as closed and assume change is impossible.¹

The chapter sets out to answer the question, “What ought be going on?” The answer to this question establishes the normative task. According to Osmer this approach is a process used in navigating through a difficult theological issue in order to bring about understanding.² He advocates that the process be done using the best “maps” available. In this case, the scriptures will be the “map” to bring about that understanding.

The goal of the normative task is to pause, assess, and critically think through a faithful response to the meaning of an issue, in this case hope, as seen in pastoral work. It is a process to help the study use theological concepts of hope to better interpret the current events surrounding transformation and the models of change used in the recovery program at the VA.

¹ Flora Keshgegian, *Time for Hope: Practices for Living in Today's World*, (New York: Continuum, 2006).

² Richard Osmer, *Practical Theology: An Introduction* (Grand Rapids, MI: Eerdmans, 2008), 80-81.

Used in this context the normative task specifically asks, where is the Gospel in this psychosocial area of chaplain work and what is the chaplain's responsibility in this incident? How have other professionals in this type of transformational work responded to the issue of hope in the recovery process? The normative task, in its simplest understanding is to exercise 'theological reflection' and upon that reflection discern what chaplains 'ought to be doing' in mental-health chaplaincy work.³ By doing this the study will attempt to 'prophetically discern' how to integrate psychotherapy and its change models in a biblical manner so that chaplains heed God's Word in this particular area of ministry.

The study focused on setting groundwork for a theology of biblical hope taken from specific themes found in the book of Isaiah. His writings are prominent in the development of a theology of hope for several reasons. He is a prophet of *new beginnings* when he speaks of the coming Messiah who will be called "Wonderful Counselor" and "Prince of Peace" (Isa 9:6). Isaiah is also the prophet of God's *compassion* by demonstrating God's mercy, and consolation (Isa 30:18-19; 60:10). He is a prophet of the *people* articulating that the God of Israel was also the God for all people (Isa 40, 56). This is similar to what Christ accomplished in his mission by reaching Jews and Gentiles. Isaiah is the prophet of *peace* and *justice* (Isa 9:7; 32:17; 59:8). He sought harmony with all people and had compassion for those who suffered.

A theology of hope for pastoral ministry should echo these same themes and characteristics: the offer of God's restoration; compassion, focus on relationships and care for those who suffer; and a ministry of presence that extends to all people.

³ Richard Osmer, *Practical Theology*, 139.

The study also focused on how hope should be viewed as both present and future in pastoral work. Hope in the present is concerned with the finite world around us, the things that people desire to have and obtain. Psychology identifies this type of hope in the recovery process as a way to focus on goals or achieving various levels of coping. When certain goals or levels of success in therapy are achieved psychologists often explain this as ‘hopefulness’.

As important as this type of hope is required in the recovery process a biblical hope or ‘finite’ hope is also needed. This type of hope considers objects and processes that go beyond the material world and moves towards an ‘infinite’ type of hopefulness as Marcel suggests, “Hope...tends to inevitably transcend the particular objects to which it at first seems to be attached.”⁴ He goes on to say that real hope is not related to temporal objects but to “ontic states”, or the factual existence of something, such as freedom and deliverance. This type of a hope prophetically points toward full restoration and hope in Christ.⁵ Both types of hope, the finite and the infinite are needed in order to bring about a complete understanding of what hope means within the recovery process.

Specifically, the biblical metaphors of *Redeemer* and *Sovereign Shepherd* taken from the book of Isaiah were examined in the context of recovery to provide “normative guidance” towards good theological practice.⁶ This means that chaplains should strive to use a “model of good practice” in their pastoral work, and in doing so, may contribute to bringing about positive change in veterans’ lives. When used in pastoral counseling each

⁴ Gabriel Marcel, *Homo Viator: Introduction to a Metaphysic of Hope* (New York, NY: Harper & Row, 1962), 11.

⁵ Herbert M. Wolf, *Interpreting Isaiah: The Suffering and the Glory of the Messiah* (Grand Rapids, MI: Zondervan, 1985), 96-97.

⁶ ¹¹⁶ Richard Osmer, *Practical Theology*, 152.

metaphor embodies the heart of a theology of hope: *shepherding*, which addresses *finite* hope; and *redeemer*, which speaks to an *infinite* hope.

God's role as *Redeemer* is highlighted in chapters 40-49 of Isaiah. He writes a narrative about a people whose stories are no different than that of their ancestors. The family stories of Abraham and Sarah, Isaac and Rebecca, Esau and Jacob involved challenging issues of jealousy, timidity, deceit, betrayal, loss, indebtedness, shame, guilt, and the ever-present need for forgiveness and spiritual restoration, "Behold, the Lord God comes with might, and his arm rules for him; behold, his reward is with him, and his recompense before him" (v.10—the majesty of God's redemption). The role of the redeemer, the one who restores, is a concept that reveals the gracious promises of God.⁷

The second metaphor readily apparent in Isaiah's counsel is that God acts as a *Sovereign Shepherd*. Isaiah 40:10-11 presents a captivating element communicating God's power and love. Isaiah invites his readers to look upon him as a Sovereign Shepherd, "He will tend his flock like a shepherd; he will gather the lambs in his arms; he will carry them in his bosom, and gently lead those that are with young" (v.11—the beauty of God's love and care).⁸

Each metaphor characterizes Israel's relationship with God. They had known him both in his sovereignty and in his sweetness, in his power and in his kindness, in his judgment and his mercy. He was their Sovereign Shepherd. Isaiah's message of hope shines out from these reminders, calling the godly ones to have hope in a faithful God who cares.

⁷ John N. Oswalt, *The Holy One of Israel: Studies in the Book of Isaiah* (Eugene, OR: Cascade, 2014), 12-14.

⁸ The metaphors of redeemer and shepherd should serve as primary qualities in pastoral care.

Together, the metaphors relating to God as redeemer and sovereign shepherd form a theological construct of hope to assist chaplains in recovery counseling. Isaiah proclaims words of true comfort (Isa 43:4). The prophet Isaiah is speaking to a people who have been traumatized because of their unfaithfulness, failures, and immoral acts towards God. It is to these same spiritual conditions that God speaks to veterans in need of God's redemption and care.

The remaining part of the chapter will propose a biblical framework for AI and how it can be integrated into counseling recovery as a form of 'good theological practice'.⁹ A biblical framework for AI is founded on gratitude (appreciation). This is most clearly seen in Paul's theology and Jesus' teachings (1 Thes 1:2-10; 2 Thes 1:3-4; 2:13; Mat 5:3-12). According to Henry Nouwen, gratitude can be seen as a form of discipline:

The discipline of gratitude is the explicit effort to acknowledge that all I am and have is given to me as a gift of love, a gift to be celebrated with joy. Gratitude as a discipline involves a conscious choice. I can choose to be grateful even when my emotions and feelings are still steeped in hurt and resentment. It is amazing how many occasions present themselves in which I can choose gratitude instead of a complaint... The choice for gratitude rarely comes without some real effort. But each time I make it, the next choice is a little easier, a little freer, a little less self-conscious.¹⁰

Suffering: God's Hopeful Design

It may be useful to begin with a short discussion of suffering prior to developing a theology of biblical hope. In this section the discussion surrounding suffering is viewed as God's *hopeful design*. Suffering and sorrow apart from God's grace can lead to

⁹ If Appreciative Inquiry is to be used as a process for change in pastoral counseling it must be grounded biblically. The biblical framework for AI can be generally thought of as a way to express *gratitude*.

¹⁰ Henri Nouwen, *The Return of the Prodigal Son: A Story of Homecoming* (New York: Doubleday, 1992), 85-86.

despair, but God makes therapeutic use of people's suffering (Rom 5:3-5; Rev 21, 22)¹¹ and for the benefit of his own glorification.¹²

The dichotomy between pain and comfort is less important than that of despair and meaning. Victor Frankl alludes to this when he said, "He who has a why to live for can bear with almost any how." Suffering is not meaningless. If it were, hope could not be sustained in the midst of despair. Suffering only makes sense if God is personally involved.¹³

Suffering is caused by the acts of others, by our own devices, or by Satan (Job 2:1-6). Yet God is sovereign over all suffering. Edward Welch writes,

God sometimes puts his children in the dark," is the way an old preacher put it. We say that God "allows" suffering, and sometimes Scripture uses that language. But biblical authors were absolutely persuaded that God was the one, true, sovereign, Creator God. They could not imagine a world in which God was not enthroned. Nothing happened apart from his sovereign oversight, including our suffering. God is over all things, and nothing happens apart from his knowledge and will. By the time suffering or depression comes to our doorstep, God did it. To believe anything else is to opt for a universe that is random and out of control, without a guiding hand bringing all things to a purposeful and awe-inspiring conclusion.¹⁴

A full scope of human suffering can be seen in the book of Lamentations, in a series of five poems (Lam 1, 2, 4). Israel is shown as a woman disgraced by the enemy and abandoned—referred to as the Daughter of Judah or as a "lonely widow."¹⁵ Those that pass by look upon her and sneer; her friends and lovers have betrayed her. Her children have been torn from her, and she is alone with no one to comfort her.

¹¹ This is often done through acts of perseverance. Perseverance is a bi-product of suffering and develops faith (Rom 5:3). It is the vehicle by which we run the race of faith (Heb 12:1).

¹² Wayne Grudem, *Systematic Theology: An Introduction to Biblical Doctrine* (Grand Rapids, MI: InterVarsity Press, 1994), 812.

¹³ Jürgen Moltmann, *Theology of Hope*, 70-72.

¹⁴ Edward T. Welch, *Depression: A Stubborn Darkness* (Winston-Salem, NC: Punch Press, 2004), 40-41.

¹⁵ William Lasor, David Hubbard, and Frederic Bush, *Old Testament Survey: The Message, Form, and Background of the Old Testament* (Grand Rapids, MI: Eerdmans, 1982), 619.

This kind of suffering is great and extensive. Every social category suffers: babies, children, boys, young men, young women, mothers, fathers, and old men and women are shown as suffering varying degrees of trauma. Her suffering is unparalleled—“Is there any suffering like my suffering?” she asks (Lam. 1:12b). The Daughter of Judah is humiliated, made insignificant and powerless but for a purpose.

God’s hopeful design is to take the purpose of suffering and turn it into hope (Rom 5:3-5).¹⁶ The act and process of being *humbled* is one way hope is created out of suffering. As an example, Psalm 51, affirms that no matter how heinous the sin, all who come to God in humility can plea for forgiveness. Humility in this case teaches God’s people how desperately needy they are of him (Deut 8:2-3 and Matt 4:4). When this happens it opens a door into a life of relational intimacy with Christ (John 17:1-3) and often results in acts of forgiveness (Mk 2:10).¹⁷

Another way hope is manifested out of suffering is done through God’s love. The theological response to suffering, asserts Farley, is *compassion*, which she describes as God’s expression of sympathy and love.”¹⁸ He desires to be intimate with his people and consoles them in the midst of their suffering (Isa 49:14-17). Metaphorically, he compares himself to a mother having great love for her children. Although Israel thinks that God has abandoned them (49:14) he is committed to his children and will not abandon them (49:15). In this instance, the sting of suffering decreases while hope increases when Israel realizes that God has not abandoned them in their suffering as Calvin suggests,

¹⁶ The importance of viewing suffering as a positive attribute is immense. Appreciative Inquiry and its emphasis on the positive can be used to reframe suffering, within pastoral counseling, as a positive attribute.

¹⁷ George Eldon Ladd, *A Theology of the New Testament* (Grand Rapids, MI: 1974), 78.

¹⁸ Wendy Farley, *Tragic Vision and Divine Compassion: A Contemporary Theodicy* (Louisville, KY: Westminster John Knox Press, 1990), 86.

To put right their lack of trust, he adds an exhortation full of the sweetest consolation. He shows how strong is his anxiety about his people, appropriately comparing himself to a mother whose love toward her offspring is so strong and ardent as to leave far behind it a father's love. Thus he did not satisfy himself with proposing the example of a father (which on other occasions he very frequently employs), but in order to express his very strong affection, he shows to liken himself to a mother.¹⁹

Within a theology of hope suffering can be viewed as *restorative* that brings about hope. Isaiah suggests that the ultimate purpose for suffering is restorative²⁰ because it brings “good news” (Isa 52:7).²¹ The prophet reminds his listeners of God's sovereign goodness which will ultimately lead to hope. This is the essence of the gospel as Josef Ton suggests,

Isaiah's revelation about suffering as a method used by God, as His way of tackling and solving the fundamental problem of humanity, becomes the most important and the most essential idea of the Judeo-Christian religion is this: God's plan for the salvation of the human race from its sin and from sin's catastrophic consequences was fulfilled through the suffering and death of His Son, Jesus Christ. However, God's plan does not stop there. In order for salvation to reach the nations, other servants have to step in and do their part; hence, their mission involves them in suffering, too.²²

The Psalms also contain a restorative theme within a context of suffering. Biblical acts of grief and lament result in praise and thanksgiving to those who trust in the Suffering Servant. They contain prayers about personal sin and suffering and assume that God's covenantal love is sufficient as a restorative agent in brokenness and

¹⁹ John Calvin, *The Crossway Classic Commentaries: Isaiah* (Wheaton, IL: Crossway, 2000), 303.

²⁰ When chaplains categorize suffering under the effects of sin, true change can occur. A biblical counseling model involves both calling people to repent of their sins and to view the gospel's full redemptive impact on how sin effects their personal, social, physical, and cultural conditions.

²¹ According to Isaiah the good news is that God will raise Jesus Christ from the dead and many will be justified (Isa 53:11). Paul links Isaiah's prophecy with his own proclamation of the restorative power of God to his hearers (Rom 8:28-29). Therapeutically, the apostle is taking a positive truth from the past and using it to build confidence in people's future. One of AI's assumptions is that “people have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known)” Susan Hammond, *The Thin Book of Appreciative Inquiry*, 2nd ed. (Bend, OR: Thin Book Publishing Co., 1998, 20-21.

²² Josef Ton, *Suffering, Martyrdom, and Rewards in Heaven* (Lanham, MD: University Press of America, 1997), 13-14.

hopelessness.²³ The plea for God's compassion, mercy, and grace can lead to a restoration of fellowship with God during times of suffering. As Keil and Delitzsch, suggest, "Once sin is confronted, man's impenetrable hardness is softened, his haughty vain glorying brought low—then he is in himself become as nothing, and then God is everything to him."²⁴

Finally, suffering serves as a catalyst to manifest *gratitude* that can ultimately lead to a renewed hope. A sense of hope replaced a sense of abandonment for the people of Israel. God's people can confidently move forward to build their future (Isa 49:17) with renewed hope. The revival of Jerusalem is a cause to rejoice.²⁵ A biblical hope recognizes that its followers belong to God and not to themselves. It is part of God's design (2 Cor 1:8-9; Heb 12:3-11; Rom 5:3-4; Jas 1:2-4; 1 Pet 1:6-8).

Biblical Foundations of Hope: An Introduction

A Hebrew understanding of hope covers several meanings in the book of Isaiah: The sick hoped to recover from illness (Isa 38:10-20); there are expressions of hope pertaining to a person's spiritual status, particularly that those who go down to the pit have no hope (Isa. 38:18-19); hope becomes focused on the resurrection because God will "swallow up death forever" (Isa 25:7), and the dead will rise again (26:19), the faithful await their salvation (Isa 25:9).

There are a number of possible Hebrew verbs for hope that translate into English depending on their context. The one that appears to be closest to our understanding of

²³ Walter Brueggemann, *The Message of the Psalms: A Theological Commentary* (Minneapolis, MN: Augsburg, 1984), 56-58.

²⁴ C. F. Keil and F. Delitzsch, *Commentary on the Old Testament: Psalms* vol. 5, trans., James Martin (Grand Rapids, MI: Eerdmans, 1982), 141.

²⁵ Walter Brueggemann, *Westminster Bible Companion: Isaiah 40-66* (Louisville, KY: Westminster Press, 1998), 116.

hope is the word קָוָה (qawâ), which means, “I wait, look for, hope.”²⁶ Isaiah uses the word as a verb when referring to having hope in God (Isa 18:17), and to his redemptive power (Isa 25:9). Both of these ideas of *trusting* and *waiting* provide a clear understanding of the word hope as understood in both the Old and New Testaments.²⁷ Hope defined this way is also captured in several other parts of scripture within the contexts and experiences of: suffering, forgiveness and restoration, in light of God’s love, ultimate salvation, and appealing to God’s compassion and faithfulness, as shown in the table below.²⁸

Table 2. Other Topical Uses of Hope in the Old Testament

Job 13:15	Though he slay me, I will <i>hope</i> (קָוָה); a primitive root; to wait; by implication, to be patient, hope: — (cause to, have, make to) hope, be pained, stay, tarry, trust, and wait) in him; yet I will argue my ways to his face.	Suffering
Psalms 38:15	But for you, O Lord, do I <i>wait</i> (יָחַל) it is you, O Lord my God, who will answer.	Forgiveness and Restoration
Psalms 130: 5, 7	I wait for the Lord, my soul waits (קָוָה); a primitive root; to bind together (perhaps by twisting), i.e. collect; (figuratively) to expect: — gather (together), look, patiently, tarry, wait (for, on, upon), and in his word I <i>hope</i> (יָחַל) ⁶ my soul <i>waits</i> for the Lord more than watchmen for the morning, more than watchmen for the morning. ⁷ O Israel, <i>hope</i> (יָחַל) in the Lord! For with the Lord there is steadfast love, and with him is plentiful redemption.	God’s Love, Forgiveness, and Restoration
Isaiah 25:9	It will be said on that day, “Behold, this is our God; we have <i>waited</i> (קָוָה) for him, that he might save us. This is the Lord; we have <i>waited</i> (קָוָה) for him; let us be glad and rejoice in his salvation.”	Ultimate Salvation
Lamentations	²¹ But this I call to mind, and therefore I have	God’s

²⁶ R. Laird Harris, Gleason L. Archer, Jr. and Bruce K. Waltke, *Theological Wordbook of the Old Testament* (Chicago, IL: Moody, 1980), 791.

²⁷ Bryan E. Beyer, *Encountering the Book of Isaiah: A Historical and Theological Survey* (Grand Rapids, MI: Baker Publishing Group, 2007), 168-169.

²⁸ Beyer, *Encountering the Book of Isaiah*, 168.

3:21-24	<i>hope</i> (לָקַח): ²² The steadfast love of the Lord never ceases; his mercies never come to an end; ²³ they are new every morning; great is your faithfulness. ²⁴ “The Lord is my portion,” says my soul, “therefore I will <i>hope</i> (לָקַח) in him.”	Compassion and Faithfulness
---------	--	-----------------------------

The most frequent use of the word hope in the New Testament and used repeatedly by the Apostle Paul is the verb ἐλπίζ, “to expect or hope in advance.”²⁹ Isaiah’s emphasis of hope, as trust, is similar to the way Paul uses it, for instance, when he encourages the church to set their “*hope* on the living God” (Isa 25:9; 4:31; 1 Tim 4:10). The object of hope denoted by the word ἐλπίζ is God himself, an eternal expectation found in living God who is full of mercy, grace, and righteousness.³⁰

The book of Isaiah does not begin with a people who are willing to trust or wait on God. Rather, it begins with a people who chose to trust the nations (7-34). Their misplaced trust is met with woes of God’s judgments toward them (1-5; 28-33) until there is a turn of events when God gives Hezekiah the challenge to reverse their trust back to God (36-39). To some extent Hezekiah trusts God to deliver the people from the Assyrians but he is tempted to showoff his wealth before the Babylonians which results in their captivity (40-45).³¹

The Israelite’s experience of captivity was traumatic and social conditions were unbearable as described by Robinson,

“Grasping, avaricious landlords used their power to oppress, confiscating the property of the poor and even evicting widows from their houses. All sorts of economic crimes were perpetrated, the plutocrats devouring the humbler classes as “sheep crop grass.” The custodians of the law abused

²⁹ Colin Brown, ed., *The New International Dictionary of New Testament Theology* (Grand Rapids, MI: Zondervan, 1971), 238.

³⁰ Karl Barth, *Church Dogmatics*, vol. 6, *The Doctrine of Reconciliation*, eds., G.W. Bromiley and T.F. Torrance (New York, NY: T & T Clark, 2010), 220.

³¹ Abraham Joshua Heschel, *The Prophets* (Peabody, MA: Hendrickson, 2010), 69-71.

their powers, nobles fleecing the poor, judges accepting bribes, prophets flattering the rich and priests teaching for hire. Lust of wealth ruled on all sides...commercialism and materialism were supplanting almost the last vestige of everything ethical and spiritual.”³⁴

The crisis is further precipitated by the disorienting turn in their lives that brought about a state of hopelessness. The people of God struggle to find their identity in God (Isa. 48:2). This is a critical situation for them because the future of Israel depended on hearing God’s promises—and if they do not hear his promises then how can they embrace a future hope? The ambiguity of who God is puts their future into jeopardy as Hanson states,

[In Isaiah 48] the prophet addresses a human condition that is filled with ambiguity. Even the promises of God at a time of renewed hope retain a bittersweet quality given the inconsistency of human commitment. The ebb and flow of this chapter skillfully reflect the prophet’s realistic awareness of the convolution of the human response to divine initiative. Any attempt to sort out pure promise from pure judgment tears apart a skillfully balanced message.³⁵

Their crisis may be further exacerbated by what Jürgen Moltmann suggests are two possible forms of hopelessness,

Presumption, which assesses the landscape of loss and presumes to know how God must act to provide safe passage to new orientation, but how when God does not act in ways that are expected, turns to disillusionment with God; or despair, which assesses the landscape of loss and preemptively decides that the situation is too complicated for even God to resolve, and so therefore, loss lapses into spiritual resignation.³⁶

This begins in the heart, according to McDonald who states, “...since the heart is the initiator of lifestyle choices, it is both the locus of moral responsibility and the focus of God’s judgment. God is able to administer perfect justice because He alone can assess

³⁴ C. E. Demaray, Donald Metz, and Maude Stunneck, *Exploring the Old Testament*, ed. W.T. Purkiser (Kansas City, MO: Beacon Hill Press, 1955), 328-329.

³⁵ Paul D. Hanson, *Isaiah 44-66: A Bible Commentary for Teaching and Preaching* (Louisville, KY: Westminster John Knox Press, 1995), 123.

³⁶ Jürgen Moltmann, *Theology of Hope*, 8.

the dictates of the heart (Jer 17:10; Eccl 12:14; Rom 2:5-29; Heb 4:12-13).”³⁷ Many Israelites, it appears, slipped into resignation and despair amidst their disillusionment about God.³⁸

Then, suddenly, some forty years after the destruction of Jerusalem, God began to convey a series of surprising announcements to the people of Israel. Through the prophet Isaiah, God announced that he was about to unfold a rescue plan on their behalf. Many of the recipients of this message found it difficult to believe and respond to, because God spoke about accomplishing his purposes in uncomfortable-even unwelcome-ways and, perhaps even more, because his promises were almost incredibly wonderful.

In the midst of their hopeless situation, God gave them hope. They discovered that it was not God who had broken the covenant with them, but that they had broken the covenant with him. The Jews were comforted despite their misplaced faith, which led ultimately to their display of God’s glory (49). Then Isaiah mentions the ‘suffering servant’ theme, a reference to the coming Messiah in whom the people of Israel will receive future cleansing and restoration (54-55).

The book ends with more judgment in the future but it will not be to purify the wicked but the righteous.³⁹ The wicked will be swept away and the righteous will be saved (59:20). The righteous will be called “The Holy People” (62:12). It is obvious from this short summary of key passages that mistrust leads to a crisis of faith. Despair and

³⁷ James Macdonald, *Christ-Centered Biblical Counseling: Changing Lives With God’s Changeless Truth* eds., Bob Kelleman and Steve Viars (Eugene, OR: Harvest House, 2013), 129.

³⁸ This is a good assessment of what is happening to the people of Israel during a time of crisis. It serves to remind pastoral care givers of the need to “assess the landscape of loss” within people’s souls. The dilemma of rightly appropriating faith as described by Isaiah is an experience of broken stories to which veterans can also relate.

³⁹ Andrew T. Abernethy, ed. D.A. Carson, *New Studies in Biblical Theology: The Book of Isaiah and God’s Kingdom: A Thematic-Theological Approach* (Downers Grove, IL: InterVarsity Press, 2016), 13-14.

presumption feed hopelessness. However, because of God's mercy the people are comforted by a message of hope.

Hope: A Metaphor of God as Redeemer

When Adam and Eve chose to rebel against their creator God (Gen 3:1-7) the entire human race was affected (Rom 5:18). Man's relationship with God was broken.

Fortunately for mankind God exceedingly loved his creation and devised a plan to restore them from sin, suffering, and the curse (Jn 3:16; 1 Cor 15:3). In a general sense the word redeem, פָּדָה (pâdâh), means to ransom, redeem, rescue, deliver.⁴⁰

The metaphor of redeemer in Isaiah draws the attention of the reader to gaps in awareness, the deep structures of experience, and the multiple layers of relationship found in the experiences of the exilic Jews.⁴¹ They particularly describe their experience of suffering followed with their experience of God's faithfulness and words of encouragement. Isaiah's words proclaim God's promise—God's gift of hopefulness:

“Sing for joy, O heavens, and exult, O earth; break forth, O mountains, into singing! For the Lord has comforted his people and will have compassion on his afflicted (49:13b) “Fear not, for I have redeemed you; I have called you by name, you are mine. Because you are precious in my eyes, and honored, and I love you” (43:1,4).

Isaiah describes God as the one true redeemer ensuring their restoration (Isa 43:1, 14; 44:6) and encouraging them not to fear (43:2). God is also the “people's Savior (43:3; 43:11; 45:15, 21; 49:26; 60:16; 63:8) who “endeavors to orient the allegiance of his

⁴⁰ Francis Brown, S. R. Driver, and Charles Briggs, *The New Brown-Driver-Briggs-Gesenius Hebrew-English Lexicon* (Peabody, MA: Hendrickson, 1979), 804.

⁴¹ Archie Smith Jr., “Look and See If There Is Any Sorrow Like My Sorrow? Systemic Metaphors for Pastoral Theology and Care,” *Word and World* 21 no 1. (December 2010): 670-671 http://wordandworld.luthersem.edu/content/pdfs/21-1_therapy_theology/21-1_smith.pdf (accessed July 6, 2015).

people around a king, namely YHWH.”⁴² His presence in restoration assured the people that they would be “delivered from spiritual, as well as, physical trials.”⁴³ Lastly, the restorative experience is likened to a “homecoming” that is God-glorifying and grounded in hope:

Thus the salvation oracle enacts a great scenario of homecoming. It is for the benefit of the displaced who are the beloved; but that homecoming is rooted solely in Yahweh’s profound passion for this people. In the end, the entire transformative intervention is rooted in Yahweh’s own resolve, and it culminates in “my glory.”⁴⁴ Indeed, this conviction and passion are the ground of hope for the exilic community. It is, moreover, a hope to which any subsequent displaced and despised peoples (and there are many) cling desperately by firmly.⁴⁵

According to Erickson, the redeemer is one who “works to recover or restore a sense of intrinsic worth amidst the demands and variations of human suffering, societies, principalities and powers, that would diminish or destroy people valued by God.”⁴⁶ God’s restorative work can be viewed as three aspects of his blessings: “First, God will establish fellowship with his people. Second, God will comfort his people. Third, God will remove his people’s enemies.”⁴⁷

Isaiah’s prophetic teachings on redemption give conceptual understanding to concepts of forgiveness and acceptance, as well as with the struggle found in the delicate balance between penultimate hope (second to last) on the one hand and ultimate (the last hope) on the other. Theologically, penultimate hope is understood as a present reality

⁴² Abernethy, *New Studies in Biblical Theology: The Book of Isaiah and God’s Kingdom: A Thematic-Theological Approach*, 13-14.

⁴³ Beyer, *Encountering the Book of Isaiah: A Historical and Theological Survey*, 179.

⁴⁴ Isaiah’s conventional use of this metaphor demonstrates God’s love toward his people (see Jer. 30; 17,22). The metaphor of redeemer can be of great help to address collective and/or immeasurable human suffering when used in biblical pastoral counseling. In the New Testament the Apostle Paul describes redemption as a “spiritual blessing in Christ” (Eph. 1:4-6).

⁴⁵ Brueggemann, *The Message of the Psalms: A Theological Commentary*, 55.

⁴⁶ Millard J. Erickson, *Christian Theology* (Grand Rapids, MI: Baker Book House, 1985), 837.

⁴⁷ Bryan E. Beyer, *Encountering the Book of Isaiah: A Historical and Theological Survey*, 114.

whereas ultimate hope is viewed as a future manifestation.⁴⁸ The former is finite and the latter infinite.⁴⁹

God is the object of Israel's hope and amidst the rubble God remains God—One who would ultimately redeem. This is a great comfort to the people. Furthermore, God promises them that they will not merely survive but that they will flourish (Isa 65:19b, 20, 21, 23) and in their flourishing they will experience joy (Isa 65:18b, 22b).⁵⁰

In other portions of Isaiah Yahweh is clearly labeled the redeemer, as in for instance in the Zion songs found in chapters 49-54. The daughter of Zion says, “The Lord has forsaken me, my Lord has forgotten me” (49:14). These are words of hopelessness caused by her overwhelming oppression. The beginning of wrong being made right can be heard. Something new is being drawn forth. The woman is redeemed from the hand that has oppressed her. She now calls God to account for the destruction she has experienced.

In these songs God's role as redeemer (יִשְׁעִי) is viewed as a repairer and restorer of a broken covenant, “to redeem, act as kinsman-redeemer, avenge, revenge, ransom, do the part of a kinsman.”⁵¹ In this instance God as redeemer is the one who chastises, who is angry. At the same time he is the helper and the avenger in times of trouble, the one

⁴⁸ Barth, *Church Dogmatics*, vol. 6, *The Doctrine of Reconciliation*, 249.

⁴⁹ If we struggle with these seemingly contradictory values, it is because we must. It is necessary to have both a present and future hope. In recovery, present hope is taught as a cognitive concept used for setting temporal goals. On the other hand, future hope is taught as a spiritual concept aimed at a transcendent objective of a person's hope. The exiled Israelites, like veterans in recovery experience the same disconnectedness from God that is often generated from a struggle with both of these forms of hope.

⁵⁰ See Rom 8:31-39. This theme of flourishing and joy is mentioned by Paul referring to the new life of the Spirit that believers enjoy as a result of Christ's saving work on the cross. This theme came up time and time again in several of the group sessions. Veterans were taught that their hope is ultimately found in the finished work of Christ and because of that fact hope in the present is positively strengthened.

⁵¹ Brown, *The New International Dictionary of New Testament Theology*, 145.

who satisfies the hearts of those who have been traumatized. Although he is silent for a while, he eventually answers their lament, and does not abandon them forever.

Chapter 43 contains some of the most powerful words in the entire book of Isaiah describing God's love as an agent of hope: "You have been suffering, you exiles, "but now thus says the Lord, he who created you... do not fear for I have redeemed you; I have called you by name, you are mine" (43:1). In the barrenness and despair of exile come words of love and ownership, as Heschel attests,

There was rejection on His part. He did not divorce His people (50:1). There was no detachment or personal alienation, but rather a spurious separation (59:2). Sins affect his attitude temporarily; they cannot alter His relationship radically. God's love of Israel is eternal. Is it conceivable that sin, the work of man, should destroy what is intimately divine and eternal? For the reason of His eternal attachment is "because you are precious in my eyes, and honored, and I love you...."⁵²

By this we come to understand that God has not abandoned his people. He does not hate them but loves them.⁵³ It is interesting how Isaiah makes reference to the "Daughter of Zion", and uses it as the foundation for the new words of hope and comfort:

Comfort, O comfort my people, says your God. Speak tenderly to Jerusalem, and cry to her that her warfare is ended, that her iniquity is pardoned, that she has received from the Lord's hand double for all her sins (Isa 40:1-2).

Redemption, in the context of hope, is clearly an important theme for Isaiah. It is a concept directly associated with the physical and spiritual implications of "sin, rebellion, self-exaltation, injustice, and alienation."⁵⁴ The theme of redemption plays out into three

⁵² Heschel, *The Prophets*, 151-152.

⁵³ In the midst of suffering when life is threatening chaplains sustain veterans with the truth of how God is loving, beautiful, caring, kind, generous, and comforting (Isa. 40:10-11). This is the call of pastoral work fundamentally. It is to shepherd the soul of a community. Whereas psychotherapists are called to care for the mind, chaplains embrace suffering relationally based on what Christ as done on the cross (1 Cor. 15:17, 23; Rom. 6:5-11).

⁵⁴ Oswalt, *The Holy One of Israel*, 23.

major areas of life: (1) physical redemption from bondage, (2) inward, personal, and spiritual redemption with the removal of personal sin for Israel, and (3) eschatological redemption when Jerusalem and the land were rebuilt.⁵⁵ The scriptural references to these categories are shown in the table below:

Table 3. Theme of Redeemer In Isaiah

Physical redemption from bondage	Inward, personal, and spiritual redemption with the removal of personal sin for Israel	The eschatological redemption when Jerusalem and the land were rebuilt
Isa 43:5-7; 45:13; 48:20; and later, Isa 49:9,11,14; 52-2-3; 55:12-13	Isa 43:25; 44:22; 54:8 and for the Gentiles, Isa 45: 20-23; 49:6; 51:4-5	Isa 40:9-10; 43:20; 44:26; 45:13; 49:16-17; 53:11-12

Hope: A Metaphor of God as Sovereign Shepherd

The word shepherd is found several times in Isaiah: shepherds who tend their flock (13:20; 38:12); the wicked leaders of Judah and Egypt (31:4; 56:11); the promised Messiah as the gentle Shepherd (40:11); of King Cyrus as God’s shepherd (44:28); and to Moses (63:11). It is interesting that the metaphor is used in association with wicked and good leaders. Wicked shepherds during Isaiah’s ministry lead God’s people astray, which ultimately caused their captivity (Isa 56:9-12; Ezek 34:1-10). This is in contrast to Isaiah’s prophetic message of the “good shepherd” who will someday comfort his people (Isa 40:11).

God is a sovereign shepherd who comes with power and gathers the lambs in his arms and carries them close to his heart (Isa 40:10-11). These verses cast two pictures of God that vividly portray God as more than able to care lovingly and bring hope to his

⁵⁵ Walter C. Kaiser Jr., *The Promise-Plan of God: A Biblical Theology of the Old and New Testaments* (Grand Rapids, MI: Zondervan, 2008), 185.

suffering flock. In verse 10, he calls them to see God as the *Sovereign Lord*, eminently powerful both to rule and to reward.

Isaiah depicts the Lord's sovereign power as *immeasurable* (vv.12-17).⁵⁶ Even the most powerful nations like Babylon that oppose God, are so insignificant as to be “a drop from a bucket, and are accounted as the dust on the scales; behold, he takes up the coastlands like fine dust” (Isa 40:15-17).⁵⁷ The idea of God as sovereign is highlighted later in Isa 44: 6-8,

Thus says the Lord, the King of Israel and his Redeemer, the Lord of hosts: “I am the first and I am the last; besides me there is no god. Who is like me? Let him proclaim it. Let him declare and set it before me, since I appointed an ancient people. Let them declare what is to come, and what will happen. Fear not, nor be afraid; have I not told you from of old and declared it?

Isaiah begins to describe God from a sovereign point of view in three ways: First, he says that God is the “first and the last” (v.6), meaning that he is the God of all eternity. There has never been anyone before or after him. Second, Isaiah says that there is no other god in history like him (v. 7). God has established all the nations on the earth and no one was with him when he established them; Third, God is the God of the future, or God of prophecy (vv.7b-8).

Isaiah demonstrates God's sovereignty in terms of his eternal existence, by creating everything the way he wanted, and by predicting the future. All of these facets of God's sovereignty stand apart from any other gods or idols known to Israel (vv. 9-20). The prophet is choosing his stories wisely by focusing on God's power instead of the

⁵⁶ This description of the Lord's power is a metaphor that chaplains and counselors can use with veterans, moving them from their conscious awareness of being stuck into a creative place of sustainable hope.

⁵⁷ Veterans in recovery experience a crisis of confidence because they have experienced either cognitive or spiritual loss of some kind. Chaplains can assist them in their hopelessness reminding them of God's attribute of immeasurable power and might.

people's weaknesses.⁵⁸ Many of Isaiah's messages speak strongly of the sovereign shepherd metaphor as Laniak summarizes:

The focus of Isaiah's messages continues to be the creating and redeeming power of Jacob's King' (41:21). I am the Lord, your Holy One, Israel's creator, your king' (43:15). This is what the Lord says—Israel's King and Redeemer, the Lord Almighty: I am the first and I am the last; apart from me there is no God' (44:6). The message to Zion is emphatic: 'Your God Reigns!' (52:7) He is the one who determines the course of history, even anointing Cyrus (45:1) as his 'shepherd' (44:28). The second half of Isaiah reverberates with a vision of the true, exalted king of Israel....⁵⁹

Isaiah recognizes what it must feel to be abandoned, weak, and frightened. God is like a shepherd who tends to his flock and gathers them to himself. Isaiah develops this theme of nurturing-care by comforting the people of Israel as they prepare to enter a time of crisis and suffering,

Thus says the Lord: "In a time of favor I have answered you; in a day of salvation I have helped you; I will keep you and give you as a covenant to the people, to establish the land, to apportion the desolate heritages, saying to the prisoners, 'Come out,' to those who are in darkness, 'Appear.' They shall feed along the ways; on all bare heights shall be their pasture; they shall not hunger or thirst, neither scorching wind nor sun shall strike them, for he who has pity on them will lead them, and by springs of water will guide them.

The imagery of God gathering them in his arms, and leading them gently into safe situations points to God's attentive care.⁶⁰ It is an act of caring and one of humility, stooping so low because he is determined to take care of his sheep.⁶¹

⁵⁸ Isaiah's approach to change can be viewed in terms of focusing on appreciative strengths rather than solving problems. Typical organizational approaches to change assume that leaders are tasked to find problems and fix them. On the other hand, Appreciative Inquiry (AI) assumes that there exist life forces and strengths that can be used to construct new ways to bring about change. Pastoral counseling would benefit in following AI's example by focusing on the positive instead of the negative issues surrounding counselees.

⁵⁹ Timothy S. Laniak, *Shepherds after my own heart: Pastoral Traditions and Leadership in the Bible* ed. D.A. Carson (Downer's Grove, IL: InterVarsity Press, 2006), 121-122.

⁶⁰ As shepherds, chaplains who value these words of hope have opportunity to minister God's gift of comfort to veterans and empower them to move forward with confidence into the future. The Holy Spirit will illuminate the Word to believing veterans that will lead them to the knowledge of God and to Christ dwelling in their hearts through faith (1 Cor 2:13; Eph 3:16-17).

In the New Testament the imagery of shepherd as someone who cares for his sheep is extended to Jesus. He is given three other titles associated with his title of shepherd: the Good Shepherd (Jn 10:11-15); the Great Shepherd (Heb 13:20); and the Chief Shepherd (1 Pet 5:4). Even though these titles denote status (good, great, and chief), Jesus' function remains the same—that of a shepherd. A number of functional images contained in the shepherd metaphor are useful in pastoral work as Oden suggests,⁶²

- The intimacy of the shepherd's knowledge of the flock. He holds them in his arms
- The way the shepherd call each one by its own name
- The shepherd does not, like the thief or robber, climb in the pen by some unusual means, but enters properly by the gate, being fully authorized to do so.
- The flock listens to the shepherd's voice. They distinguish it from all other voices.
- The shepherd leads them out of the protected area into pastures known to be most fitting—feeding them, leading them “out and back in.”
- The shepherd characteristically is “out ahead” of them, not only guiding them, but looking out, by way of anticipation, for their welfare.
- Trusting the shepherd, the sheep are wary of an unproven stranger who might try to lead them abruptly away from the one they have learned to trust, through a history of fidelity.
- Jesus is recalled as the incomparably good shepherd who is willing to lay down his life for the sheep.

A theology of hope understands that God is not only sovereign over his people, but that he is their sovereign *shepherd* as well. It is God's power in his shepherding that brings comfort to the people of Israel as Laniak suggests:

The arm of the Lord is an important metaphor for YHWH's strength, especially with respect to human rulers. It was the arm of the Lord that led Israel out of Egypt (Exod 15:6; cf. Deut 4:34; 5:15 et. al.). The comfort offered the exiles is a result of God's powerful leadership.⁶³

Although Jesus fulfilled the expectations of God's action described by Isaiah, God did not then announce to the church that his work was finished. Isaiah's words, fulfilled

⁶¹ Calvin, *The Crossway Classic Commentaries: Isaiah*, 243.

⁶² Thomas Oden, *Pastoral Theology: Essentials of Ministry* (New York, NY: Harper One, 1983), 51.

⁶³ Laniak, *Shepherds after my own heart*, 127.

by Jesus, are now directed toward God's people and specifically to leaders who care for them. Moreover, Isaiah's prophecies are not merely a thing of the past in that Jesus' full realization of Isaiah's promises lies in the future. Indeed, it lies beyond all future time in a new creation (Rom 8:23).

Appreciative Inquiry As Good Practice in Pastoral Care

A hope-filled theology must begin with a positive or life-giving reality. Far too many people define hope as only something to "imagine" or "wish" for. Biblical hope is more than a cognitive desire; it is something that is configured from reality—a reality in God. A theology of hope, as Jürgen Moltmann suggests, is "essentially a witness to the promissory history of God in order to bring these remembrances of the future to bear on the hopes and anxieties of the present."⁶⁴

Twentieth-century British Christian psychiatrist Frank Lake notes, "the maladies of the human spirit in its deprivation and in its depravity are matters of common pastoral concern."⁶⁵ Suffering reveals the fallenness of our world caused by sin in our nature as humans. Suffering teaches that life is not always good, but Scripture teaches that God always is good (Ps 136:1). Sin reveals man's corrupted nature, but Scripture portrays God as being gracious even in the experience suffering. This is the primary objective of Pastoral care—to help those suffering from soul wounds wrestle with the evils they have suffered.

When we consider AI's principles, assumptions, and philosophical roots, they can be used as a powerful model for change along with the Scriptures. As a therapeutic tool it could produce a positive affect among veterans, building resiliency and integration into

⁶⁴ Moltmann, *The Experiment Hope*, 8.

⁶⁵ Frank Lake, *Clinical Theology* (London: Darton, Longman & Todd, 1966), 37.

their thinking process. It does this because it puts a great deal of importance on the participant's *story*.⁶⁶

In the New Testament, the letters of Paul consist of the same connecting theme of thanksgiving and gratitude. His tone is appreciative. Almost every one of his epistles begins with words of thanksgiving (Rom 1:8; 1 Cor 1:4; Eph 1:16; Phil 1:3; 1 Thes 1:3; 2 Thes 1:3; Phil 1:4). In doing this it sets up the rest of his book to then teach his audience spiritual truths for change to occur. The pattern appears to always be the same: Paul connects their positive stories with Jesus or himself, gives them instruction towards bringing about change, followed with confession and repentance, and ends with an expression of assurance.

Appreciation precedes correction in Paul Letters. To the Corinthians, for example, Paul expresses his thanks for a number of gifts they possess. After thanking them he admonishes them to change their disruptive behavior and urges them to be of one mind and of the same judgment (1 Cor 1:1-10).

Positive change for Paul is framed with gratitude. He understands that change is not likely if his audience is focused on problems and failures. He is working towards God's hopeful design by focusing on the gifts people possess. Paul uses this pattern to bring about life-affirming realities that increase the enthusiasm within people.

The AI process is collaborative and participatory.⁶⁷ Leaders and those being led either from within an organization or within a counseling relationship should be intentional of embracing the process of change together because the benefits of

⁶⁶ The people in exile described by the prophet Isaiah is a story of trauma experienced caused by Jerusalem's destruction. Theirs is the same story of lament experienced by veterans caused by the destructions of combat and war.

⁶⁷ Jane Magruder Watkins and Bernard Mohr, *Appreciative Inquiry: Change at the Speed of Imagination: Practicing Organization Development* (San Francisco: Jossey-Bass/Pfeiffer, 2001), 14.

participative leadership outweigh that of directive leadership.⁶⁸ Jesus, for example, did not live alongside or above people; rather, he embraced humanity and became one of them. Viewed in this way, AI follows a biblical pattern of change. A pastoral care model of change should, likewise, pursue collaboration between the counselor and counselee.⁶⁹

The AI process of change in pastoral work sets out to discover life-giving values (God's Story) that are generative, as well as purposeful, and powerful enough to create a preferred future. Positive change is found at the right hand of God, in the fullness of joy and in the pleasures of joy, where the incarnate Christ collaborates with them, making known to them the path of life (Psalm 16:11). God is dynamic and actively present in the change process.

The biblical pattern mirrored in Appreciative Inquiry's 4-D Cycle of Change consists of five processes that can be used to bring about sustainable hope: (1) the focus of the inquiry should be positive; (2) inquire into life-giving stories (Discover); (3) locate themes within those stories (Dream); (4) co-construct shared images for a preferred future (Design); (5) and find ways to practice the preferred future.⁷⁰

Theologically, AI's transformational inquiry, along with its 4-D cycle model, can be used as a pastoral approach to unleash positive realities within people who have experienced spiritual wounds. In doing so, it may enable them to become unstuck and move forward with a sense of hope into the future from their present state of

⁶⁸ Peter Northouse, *Leadership: Theory and Practice* 6th ed. (Thousand Oaks, Calif.: SAGE, 2001), 139-140.

⁶⁹ It is essentially important that veterans collaborate with a biblical narrative in order to discover his intended design for them. A fruitful benefit of abiding in God's story is receiving the joy that comes from that relationship (2 Jn. 1:9). When veterans are given the opportunity to seek God's vision and glory in this collaborative relationship they will come to experience a joy in Christ and it will be full (Jn. 15:11). Upon experiencing God's joy, these benefits can then be proclaimed and shared with others (Destiny phase).

⁷⁰ Jacqueline B. Kelm, *Appreciative Living: The Principles of Appreciative Inquiry in Personal Life* (Charleston, SC: Venet Publishers, 2015), 3.

hopelessness. One of the ways this is achieved is by implementing an AI initiative that considers the process, purpose, and overall implementation of the project.⁷¹

With this mind, each of the four phases of the 4-D Cycle has been reframed and renamed to reflect a biblical counseling model for change:

- Stage 1-DISCOVER: Appreciating God or “proclaiming” his benefits, Psalms 103:1-5, a theology of *relationship*
- Stage 2-DREAM: Envisioning with God or “prizing” a better future, Philippians 3:13-14, a theology of *vision*
- Stage 3-DESIGN: Planning with God or “purposing” in his plan, Romans 8:28, a theology of *transformation*
- Stage 4-DESTINY: Walking with God or “journeying” the Christian life. Philippians 4:8-9, a theology of *practice*

The Discovery Phase: A Theology of Relationship: Proclaiming God’s Benefits

The first of AI’s 4-D cycle phases, the Discover stage, is where people can tell their story, before moving into the dream and design stages that follow. The Discover stage is pivotal because it is the place where the entire process begins. It gives voice and direction to the remaining phases in the cycle.⁷²

This phase begins with a theology of proclaiming God’s benefits and appreciatively inquiring into God’s story and ends with an experienced joy found in knowing the one true path of life—Jesus. Emphasis should be made that in the ‘discovering’ of God’s benefits of life-giving values, the appreciation of that inquiry is to be proclaimed so that we do not forget His benefits. Thus, from a theological framework perspective, a soul care model of change begins with inquiry, moves on to discovering God’s benefits from that inquiry, and then proclaims them to others, as the psalmist suggests:

⁷¹ David L. Cooperrider, Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2008), 54.

⁷² Chaplains could ask, “Where is God? Where is He in your struggle? Does He know what you are experiencing, thinking feeling, desiring?” I want them to see that God is part of their story and to show that He has been there the whole time. For the sake of defining life’s purpose God needs to be part of the story in the midst of their trials, pain, and suffering.

Bless the Lord, O my soul, and all that is within me, bless his holy name!
Bless the Lord, O my soul, and *forget not all his benefits*, who forgives all
your iniquity, who heals all your diseases, who redeems your life from the
pit, who crowns you with steadfast love and mercy, who satisfies you with
good so that your youth is renewed like the eagle's (Ps. 103:1-5).

Whereas the AI model practiced within organizations uses a process of inquiry to
discover people's *best experience*, a soul care model of change proposes that scripture be
used instead as what determines best experiences. These experiences can then be used as
the basis for imagining a future and designing the processes and structures that will make
the imagined future a reality.⁷³

The Bible calls God's people to remember and give thanks. They are to remember
his promises, which are foundational in the building of hope. In some of the other psalms
hope can be understood in the context of a threat as indicated by the Psalms 3 and 4:

O Lord, how many are my foes! Many are rising against me... But you, O Lord,
are a shield about me, my glory, and the lifter of my head (Ps 3:1, 3).
O men, how long shall my honor be turned into shame? How long will you love
vain words and seek after lies? Selah. But know that the Lord has set apart the
godly for himself; the Lord hears when I call to him (Ps 4:2-3).

Hope, as an agent of change, is possible because God is understood as *a shield* around his
people, as someone who *lifts* the heads of the hopeless, and who *hears* those who are
lamenting. In essence, this is what the Discovery phase attempts to provide within a
context of hope. It serves as a place where people can “uncover, learn about, and

⁷³ The spiritual goal here is so that veterans might be conformed into the image of Christ—which is the
benefit and good he has promised (Rom 8:28). When this becomes the focus, veterans are encouraged to
view their story in the context of God's plan and design. Biblical change in pastoral work must begin and
end with God; otherwise hope will be based on self-effort accomplished through cognitive skills. By
appreciating God's benefits rather than the problem (deficits) veterans will begin to put less focus on
themselves and more focus on the power of the gospel.

appreciate the best of “what is.”⁷⁴ It reminds believers to “not forget [God’s] benefits” (Ps 103:2).

The importance of the Psalms is to remind us not to forget about God’s benefits. When people forget his benefits it threatens to minimize who God is and people tend to look for other things to give them hope. Such was the case for the people of Israel as they sought after materialism and began worshipping idols,

For you have forgotten the God of your salvation and have not remembered the Rock of your refuge; therefore, though you plant pleasant plants and sow the vine-branch of a stranger, though you make them grow on the day that you plant them, and make them blossom in the morning that you sow, yet the harvest will flee away in a day of grief and incurable pain. (Isa 17:10-11).

Israel is commanded to recall God’s narrative of grace and mercy and inquire into his benefits. They are to remember the stories of God’s provision from creation through the establishment of the covenant. It is the act of remembering that not only reconnects them to the God of hope for the present but also connects them to the future. This is transcendent. According to Ladd, an understanding of transcendence is the theology of hope. He calls this an historical model of the theology of hope:

Instead of thinking of God’s relationship to the world in cosmological terms, the theology of hope uses instead a historical model. God’s transcendence is eschatological, not spatial. He does not simply live in the past and work from past events. Nor is he simply immanent within the present occurrences. Rather, he appears on the frontier of life with its openness to the future.⁷⁵

Of the four stages within the 4-D cycle, the discovery stage, theologically, is the most important because it shoots an azimuth into the future from God’s starting point and

⁷⁴ Cooperrider et al., *Appreciative Inquiry Handbook*, 104.

⁷⁵ Erickson, *Christian Theology*, 316-317.

perspective.⁷⁶ Jürgen Moltmann wrote, “The church will have no future if it simply extrapolates into the future the path it took in the past. It will have a future only if it anticipates the Kingdom of God in Jesus’ name and is prepared to be converted to his future, freeing itself from imprisonment in its past.”⁷⁷ Any other model of change could not, in and of itself, produce the benefits of God.⁷⁸

This is the hope for God’s people, by claiming a Kingdom not of this world but one that is eschatological. “The future of the church”, says Moltmann, “is only described through the medium of a church of hope, for other people and with other people. It is an eschatological church, living toward the kingdom of God, the hope for the new heavens and new earth where righteousness dwells.”⁷⁹

The Dream Phase: A Theology of Vision: Prizing The Call of God

In AI, the Dream Stage of the 4-D Cycle encourages people to imagine an idealized state for the organization. We see the Apostle Paul make the same plea to the Philippians when he says, “Brothers, I do not consider that I have made it my own. But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus” (Phil 1: 13-14).

This phase has the potential to stimulate a more valued and vital future for the hopeless by challenging their temporal status quo of reality. This phase asks the question,

⁷⁶ A Christian eschatology can emerge and begin to answer a veteran’s question as to “What gives life?” Upon proclaiming God’s story and how it is played out in their lives they can begin to appreciate the best of “what is” and “what has been”. The Discover phase must begin with God’s narrative in his hopeful design.

⁷⁷ Jürgen Moltmann, *The Church in the Power of the Spirit: A Contribution to Messianic Ecclesiology*. Translated by Margaret Kohl. (New York: Harper & Row, 1977), xiv.

⁷⁸ The discovery stage must not only ask veterans positive ways in which they have experienced God in their faith journey but ask, “Where is God? Where is he in your struggle? Does he know what you are experiencing, thinking, feeling, desiring?”

⁷⁹ Moltmann, *The Church in the Power of the Spirit*, xviii.

“What might be?” In a pastoral model the same question can be reframed to specifically ask, “What is God’s vision of a preferred future?”

In addressing the Philippians, the Apostle Paul asks the congregation to *imagine* how their lives would be characterized if they acted in certain ways,

Do nothing from selfish ambition or conceit, but in humility *count others* more significant than yourselves. Let each of you look not only to his own interests, but also to the interests of others. Have this *mind among yourselves*, which is yours in Christ Jesus...*holding fast to the word of life*, so that in the day of Christ I may be proud that I did not run in vain or labor in vain [italics mine] (Phil 2:3-5, 16).

Not only is Paul instructing them on Godly behavior but he is addressing their use of memory in order to build a future. His advice to keep away from selfish ambition, to look towards the interest of others, and to be of one mind contains the theme of imagining a positive future when directed towards Christ (Phil 2:5-11). In a biblical model of change, the Dream phase takes a positive idea or concept truth of the past, found in the Discovery phase, and projects it as a future reality. This is what the Anticipatory principle of AI suggests, as Cooperrider and Whitney suggest:

One of the basic theorems of the anticipatory view of organizational life is that it is the image of the future, which in fact guides what might be called the current behavior of any organism or organization. Much like a movie projector on a screen, human systems are forever projecting ahead of themselves a horizon of expectation (in the metaphors and language they use) that brings the future powerfully into the present as a mobilizing agent.⁸⁰

Within the Dream phase people are encouraged to be bold and realistic, though in all cases to stretch their imaginations to explain projected futures by building on their known strengths.⁸¹ They are asked to imagine the consequences of their efforts. This is often referred to as “imagining” or “visioning.” Kenneth Boulding says, “One of the

⁸⁰ Cooperrider, *A Positive Revolution in Change*, 16.

⁸¹ Cooperrider, *A Positive Revolution in Change*, 35.

basic theorems of the theory of image is that it is the image which in fact *determines what might be called the current behavior of any organization*. The image acts as a field. The behavior consists of *gravitating toward the most highly valued part* [Italics mine] of the field.”⁸²

Similarly, a theology of vision within the Dream phase captures the current behavior of God’s people and encourages them to gravitate towards an objective that is valued or prized. In another instance, when speaking to the church in Philippi, Paul encouraged them by saying,

“Brothers, I do not consider that I have made it my own. But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the prize of the upward call of God in Christ Jesus. Let those of us who are mature think this way, and if in anything you think otherwise, God will reveal that also to you. Only let us hold true to what we have attained” (Phil 3:13-14).

A theology of hope expressed through the Design phase makes Christ the actual highly valued object of a believer's hope. The reason for this is because it is in his second coming that the hope of glory will be fulfilled (1 Tim 1:1; Col 1:27; Titus 2:13). Hope is spoken of as "lively", in other words, a living hope, a hope that is not fragile and perishable, but having a permanent life (1 Pet 1:3).

Biblical hope of this nature as a progressive reality for the believer is not just some imaginary “wishing” about the future. It is not a state of being that is achieved in a given moment and then remains static throughout the rest of one’s life. Rather, the hope of which the Apostle Paul speaks here is experienced in the ebb and flow of broken experiences as they are infused by the sovereign grace and purposes of God. Paul never

⁸² Cooperrider, *A Positive Revolution in Change*, 129.

said he had arrived but that he was holding onto the life-giving values he had experienced in God as Redeemer and Sovereign Shepherd.

Neither was he saying he was going to forget the great failures and sins of his past. Instead, he was saying that those things he used to place his hope in he now abandons for something more glorious, exceedingly greater, more life giving. His object now centered on the eternal—on Christ.⁸³

Paul's humility is also evident in these verses. He was not boasting because he understood the Gospel. Rather, he pressed on towards the prize because he had not fully understood it. He pressed on to an eternal call that he now had in Christ Jesus—a call revealed in the words of Christ himself, who taught his disciples to pray "Your kingdom come, your will be done, on earth as it is in heaven" (Matt 6:10). Paul valued Jesus and his kingdom, and no matter what he faced, he knew the experience of divine hope—a preferred future sought after by all believers.⁸⁴

If the Discovery phase is about revealing and inquiring into God's story, the Dream phase is about projecting the essence of that Story. It is about projecting into the future a dream of one's preferred future in Christ by collaborating with the scriptures (sacrament) and others (community). It is in essence a collaborative conversation with God and the church through prayer and meditation (Matt 6:5; Jas 11:24; 1 Pet 3:12).

⁸³ From this perspective, pastoral care, theologically, affirms the reality of pain and suffering, but does not deny that life hurts. Whether pastoral work is involved in negotiating through last stages of life (such as a hospice patient) or dealing with long-term problems (such as substance abuse), or working on changing some aspect of self (such as PTSD), the dream stage serves to encourage believers to stay in touch with reality while imagining his or her preferred future.

⁸⁴ The dream stage can help veteran believers begin seeing the transcendent value of God's eternal plan at work in their present stages of recovery. The makings of hopefulness within this phase begin by taking the best of what is in the past and imagining and projecting them into a preferred future.

The Design Stage: A Theology of Transformation: Purposing With God

After asking the question, “What is God’s vision of a preferred future?” the next phase in the 4-D cycle of AI asks, “What can and should be done to be part of God’s vision?” This is called the Design phase where individual plans are made, in a pragmatic sense. Theologically, this is where provocative propositions or design principles embody God’s vision.⁸⁵ Paul tells us in the book of Romans, “And we know that for those who love God all things work together for good, for those who are called according to his purpose” (Rom 8:28). According to Whitney and Trosten-Bloom, we are “both the designers of the world and the product of our own designs.”⁸⁶ A biblical model of hope adjusts this statement that “God is the designer of the world and we are the product of that design.”

A theology of hope views this phase of the 4-D cycle as the place where the purposes of God are talked about and planned in pastoral counseling. This is where transformation begins, by planning and setting concrete future goals. It involves the collective construction of God’s life-giving plan in terms of designing “provocative propositions” found in the Gospel.

A provocative proposition used in the Design phase takes into consideration the dreams envisioned for a preferred future and writes them out into statements intended to guide decisions, planning, and direction that began with the Dream phase. They intend to draw a picture of a desired future and are meant to challenge organizational structures, assumptions, and routines in an effort to achieve a desired future.⁸⁷

⁸⁵ In terms of pastoral work chaplains and veterans begin to design a Christian worldview, co-creating reality from God’s perspective.

⁸⁶ Diana Whitney and Amanda Trosten-Bloom, *The Power of Appreciative Inquiry*, 198.

⁸⁷ Diana Whitney and Amanda Trosten-Bloom, *The Power of Appreciative Inquiry*, 57.

One of Paul's provocative propositions is that, "we know that for those who love God all things work together for good, for those who are called according to his purpose." (Rom 8:28). Transformational change towards future stories is necessary for satisfactory resolutions to occur and for hope to be experienced in recovery. What enables people to transform starts with God's calling "according to his purpose."

Aside from the importance of planning needed in the Design phase, a theology of hope is undergirded when a collaborative trust between those involved is established. Otherwise, the shared vision captured in the Dream phase will not be realized. Hope is manifested within a journey of faith that seeks to bring the vision of God into reality, but it can only do that if trust is first established. This is what Rendle suggests happened with Jesus and his followers,

[Hope] is to be faithful to the journey—to the challenge, the experimentation, and the trial and error of ministry in a culture of change. And it is to be responsive. In Matthew 4 we read that Jesus turned to potential followers and simply said, "Follow me, and I will make you fish for people," and the potential disciples "immediately" left their nets and followed him. There were no questions asked and no clear promises given about where the trip would take them.⁸⁸

Clearly, at least from this passage in Matthew's gospel, hope is viewed as an incarnational endeavor between God and man. The incarnation was a pivotal intervention in establishing hope: "God became flesh and dwelt among us" (Jn 1:14). God entered and joined the human dilemma through the work of Jesus Christ, effecting change both in the historical context of his ministry and in the eschatologically based, ongoing mission of

⁸⁸ Gilbert Rendle, *Leading Change in The Congregation: Spiritual and Organizational Tools for Leaders* (Lanham, MD: First Rowman and Littlefield, 1998), 9.

the church.⁸⁹ The Design phase within a theology of hope becomes that place where the potentials of God's design are incarnated into people's plans.

For organizations, Cooperrider suggests that it is the Design phase, "that helps move the system to positive action and intended results."⁹⁰ In the same way, the Design phase in pastoral work should move people towards positive outcomes in order to bring about necessary change. Different than that of an organizational setting, the pastoral setting would focus on positive outcomes based on the Scriptures and used in conjunction with psychotherapeutic methods.

In pastoral work provocative proposals should always be imbedded within the biblical doctrines of redemption (Ps 32:7; Isa 26:18; Phil 1:19), salvation (Isa 63:4; Ps 11:9; Rom 3:24), reconciliation (Isa 53:6; Rom 5:12; Eph 2: 12-13), and becoming a new creation or a new being in Christ (Rom 5:11; 2 Cor 5:18-19).⁹¹ Doing this maintains the integrity of God's narrative of hopefulness.

The Destiny Stage: A Theology of Practice: Journeying With God

The "Destiny" phase described in AI's 4-D Cycle is predominately concerned with "Practice" and its functions. According to Cooperrider,

The phase is concerned with new images of the future, sustained by nurturing a collective sense of practice and movement. It is a time of continuous learning, adjustment, and creativity—all in the service of shared ideal and goals. The momentum and potential for innovation and implementation are extremely high. By this stage in the process, because of the shared positive image of the future, everyone is invited to align his or her interactions in co-creating the future.⁹²

⁸⁹ Moltmann, *Theology of Hope* 36.

⁹⁰ Cooperrider et al., *Appreciative Inquiry Handbook*, 46.

⁹¹ Viewed in this way the Design phase has the potential to empower veterans to overcome dysfunctional stories of the past and bring transformation into their faith narrative. When this happens the future is opened and the veterans' horizons are expanded. Moreover, their hope is securely focused on God. (Ps 42:5).

⁹² Cooperrider et al., *Appreciative Inquiry Handbook*, 46-47.

It is within this phase of persevering and practicing of the things discovered, dreamed, and designed in people's lives that the power of hope is sustained. Theologically, the Destiny phase can be viewed as communal and relational, not isolationist and separatist. Functionally, this phase can be thought of as the church bringing people together as a community with a single purpose by asking the question, "What will be?" There is shared interest in the things of God in terms of mission, vision, growth, and beliefs. The practice of shared values empowers people to better relate to each other, to give themselves to others the same way the members of the Trinity give themselves to each other (Jn 17:21-23).⁹³

The Apostle Paul understood the importance of focusing on similar purposes within relationships. He understood that the time spent on practicing positive values together led to a positive experience of God and his peace:

Finally, brothers, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things. What you have learned and received and heard and seen in me—practice these things, and the God of peace will be with you (Phil 4:8-12).

Paul is saying that contentment can be found in every situation of life when we recognize that God is at work and always in control as a sovereign shepherd. Peace and joy come when we focus on those things that provide lasting hope in our lives—life-giving values. His letters are practical as well and are never meant to remain as memories and images of the past. The images created in the Dream phase are important but insufficient if there is no implementation of them. This is the reason why Paul instructs

⁹³ Chaplains have a sacred duty to nourish a sense of community within the environment of recovery, exposing and removing obstacles that stand in the veteran's way of flourishing in Christ-likeness.

the Philippians, “What you have learned and received and heard and seen in me—practice these things” (Phil 4:9).

Theologically, the Destiny phase can be viewed as a sustainment phase in recovery in which the working out of one’s salvation, until the consummation of history with Christ’s return, is accomplished (Eph 1:9-14; 1 Thess 4:16; Acts 1:11; Heb 9:28). Veterans are challenged as to what they need to continue doing to connect with God and community.

Summary

This chapter focused on the biblical and theological meaning of hope from an Old and New Testament understanding. Hope in the Old Testament is understood to mean both ‘trusting’ and ‘waiting’ and in the New Testament it means to have some sort of future expectation. Together, both words reflect and incorporate a finite and infinite meaning of hope.

Among several of the themes discussed in the chapter, God as ‘Redeemer’ and ‘Sovereign Shepherd’ were the predominate ones. Both metaphors capture the heart of what the Bible suggests as important constructs for building a theology of hope. God as Redeemer is a theme of restoration that works to recover or restore a sense of intrinsic worth from the hopeless. God as Sovereign Shepherd is a theme that offers the hopeless guidance, care, and protection.

According to Moltmann hopelessness has to do with a *presumption* people have about God that he can and will act on their behalf but in the end he does not. He also suggests that hopelessness is a feeling of *despair*, when the situation is assessed as lost

that even God cannot fix. Whether it is a matter of presumption or feelings of despair the end result is the same—a feeling of separation from oneself, from others, or from God.

Several other biblical themes of hope mentioned in this chapter directly correlate with AI's philosophy, such as: acts of thanksgiving or appreciating (Discover phase); collaboration and participation with God for setting future goals (Dream phase); focus on life-giving values stated as 'provocative propositions' to provide purpose (Design phase); focus on the relational, participatory, communal, and sustainment concerns as ways to practice hopeful recovery (Destiny phase).

In regards to answering the question “what ought to be going on?” the study found that biblical hope in pastoral work is necessary as an encouraging element in the transformation process towards healing. Hope is a picture of the beckoning future as it relates to a veteran's faith in Christ. The Christian chaplain, as a called leader within the mental-health environment of recovery ministry is entrusted and tasked with the responsibility of bearing God's hopeful design in the lives of veterans and their families.

CHAPTER 4

PROJECT DESIGN

The purpose for conducting this study was to explore the possible advantages of Appreciative Inquiry (AI) and its 4-D cycle of change model as a way to reconstruct hope in veterans suffering from spiritual despair. Specifically, AI was selected as the qualitative research methodology because of its inherent similarities to the Christian worldview. During the six-week period of group process and two weeks of interviews veterans at the VA Medical Health Care System, Perry Point, MD were introduced to an Appreciative Inquiry (AI) approach to recovery and given opportunity to discuss their opinions of this new approach to change.

The group was made up of twelve veterans who had served in the Military Armed Forces, either during the Vietnam War (1954-1975), the Gulf War (1990-1991), or in the Iraq and Afghanistan Wars (2001-2014). Although they shared military service the veterans varied widely in age, life stories, and faith experiences. The ages ranged from 32-66 years old.

In regards to public or private education all of the participants had graduated from high school and not a single veteran had any college experience. In terms of military education all of them were schooled in a particular military occupational specialty. Out of the twelve, half the veterans were assigned to combat units (infantry), three were in the communications field, two were trained for the logistics field, and one was trained as a language specialist. Although education was not taken into consideration as a variable,

which could affect hopeful outcomes, it could play as a factor in their ability to grasp certain principles and modalities represented by any of the change models.

Other factors regarding personal life style, training experiences, advancement in rank, longevity of military commitment, and differences in pay grade can be considered possible factors having some kind of an effect on hope level outcomes. These influencing factors, as important as they are, were outside of the scope or design of the study.

The scope of the study did not consider how the wide range of mental health disorders and diseases with which veterans were diagnosed might have influenced the outcomes. The disorders fell into two general categories of either substance abuse or mental-health.¹ A greater percentage of veterans were diagnosed with mental-health issues than those with substance abuse issues to include dissociative disorders, adjustment disorders, anxiety disorders, trauma, disorders or personality disorders.

Another variable not analyzed that was beyond the scope of the study, but worth mentioning, had to do with the number of mental health providers treating veterans. At the time of the study, veterans received mental-health care from a number of different providers who either, facilitated group sessions, provided one-on-one counseling, supervised recreational therapy, or managed their illness through prescribed medications.² Final results from the analysis should take these “confounding variables” into consideration.

¹ See appendix A: Group Participants List of Diagnosed Disorders

² Some of the programs and therapy platforms included: Acceptance and Commitment Therapy (ACT); Recovery Planning; Social Skills; Stress and Healthy Coping; Substance Use Disorders; Mindfulness and Relaxation; Peer Support Therapy; Recovery Stories; Illness & Recovery Management; and Metabolic Tele-mental Health, to name some. It is worth mentioning that the psychosocial concepts taught in some or in all of these programs could be identified as “confounding variables” that could, in some way, affect study outcomes. Suffice it to say, the influences of these variables were not considered as part of the study design.

Case Study Approach

The study employed a qualitative research methodology utilizing a case study design, an “ideal design for understanding and interpreting observations of educational phenomena.”³ This facilitated exploration of hope within a theological and psychological context using a variety of data sources. Exploring hope through more than one lens not only provided broader perspective to the research, but also assisted in developing a theology of hope that chaplains could use in pastoral care.

Once the hope measuring tools were identified group members from an existing group were asked to participate in the study. Twelve of the eighteen veterans agreed to partake in the study. They received six weeks of AI teaching and exposure to the 4-D Cycle integrated within an existing spiritual health curriculum developed over the past six years.⁴ Until now veterans had never been exposed to AI. Neither were they aware that fundamental philosophical differences existed between AI’s approach to change and problem-focused approaches of psychotherapy used within the VA’s recovery programs. Until now they had been exposed only to some version of cognitive behavioral therapy as prescribed by secular mental health providers.

Group sessions were conducted over a six-week period followed by two weeks of interviews with each participant. Sessions began on November 6, 2015 and ended on December 5, 2015. Participants were given the first two of the three measurement tools on the first session: the Adult Hope Scale (AHS) and the Experience of Hope Assessment. They were briefed as to the purpose of the survey and that all of the

³ Sharan B. Merriam, *Qualitative Research and Case Study Applications in Education* (San Francisco, CA: Jossey-Bass, 1998), 30.

⁴ See appendix B to view the curriculum for each of the six-week group sessions.

information would be kept confidential and that none of it would be transmitted into any kind of media format.

Interviews were scheduled upon completion of the last of the six-week sessions, at which time, the View of God Assessment was introduced and given to veterans to complete prior to the interviews. Answers from this assessment would later serve as discussion in the interview session. It took approximately two weeks to complete all of the interviews. Conversations conducted in the interviews were captured as brief statements, avoiding the necessity of audiotaping. Avoiding audiotaping was a deliberate decision as one way to avoid involving the VA's Institutional Review Board.⁵ All three-measurement tools were used as an attempt to *triangulate* the data in hopes to improve the reliability of a single method and in order to bring about meaningful results of the data.⁶

Spirituality and Trauma Group

Group meetings took place in a large classroom at the Psychosocial Rehabilitation Recovery Center (PRRC) building. Sessions were held weekly on successive Thursday mornings, lasting approximately one hour. The group participated in a six-week session, which consisted in examining a number of spiritual and mental health topics. Every lesson plan was developed using an Appreciative Inquiry (AI) approach instead of a problem-focused approach to recovery, which veterans were accustomed to using. Part of session one included a brief teaching on how these approaches differed in regard to

⁵ The institutional review board rules for the VA Medical Clinic considers audio taping and photographing of veterans an issue of right to privacy in clinical recovery conditions. In order to conduct audio taping sessions it would have required a considerable amount of paperwork and time contacting a number of departments to gain approval. This would have taken approximately 2-3 months of time, which was not advantageous for the timeline of the interviews. Veterans participating in the study were available for only a short window of 3-4 weeks, at which point they were finished with their program.

⁶ David Silverman, *Doing Qualitative Research: A Practical Handbook* (London: SAGE, 2000), 99.

change and recovery outcomes. The remaining sessions devoted a full hour to the topic of that day, consisting of a combination of lecture and teaching, group participation and practical exercises. Journaling, as a form of homework, was encouraged but not required for each of the sessions.⁷ The group sessions were scheduled as follows:

Week One—The Spiritual Battle: Understanding What Gives Life. In this lesson the objectives included:

1. Learn what gives life
2. Learn what is the essence of good and evil
3. Understand the difference between religion and spirituality
4. Understand why purpose and meaning are important in the recovery process

The session began by indicating that the spiritual struggle resides primarily within the soul. A definition used for the soul was to say that it is the “seat of joy, the great affirmation, the inner breath that shouts, “Yes!” to life, no matter what.”⁸ Veterans were taught that “life” flows from what we affirm to be true to and that learning the AI process would help them to achieve that. Together with the use of AI’s 4-D Cycle veterans were told that they could potentially bring about needed change in their recovery. They were told that AI aims to identify the best of “what is” in order to fulfill the dreams and possibilities of “what could be.”

Veterans were presented with the idea that there are two paradigms to change as depicted in the table below and learned that the “problem-solving” approach is associated

⁷ A journal page was included with each handout containing two questions based on the topic covered in the session for that day. This provided veterans opportunity to critically think about that day’s session. It also served as an encouragement to focus on the material that week until the next session.

⁸ Edward Tick, *War and the Soul: Healing Our Nations Veterans from Post-Traumatic Stress Disorder* (Wheaton, IL: Theosophical Publishing House, 2005), 21.

with CPT.⁹ They could see some of the major differences each paradigm of change represented.¹⁰

Table 4. Two Paradigms/Approaches for Change

Problem-Solving	Appreciative Inquiry
<ul style="list-style-type: none"> • Define the problem • Fix what's broken • Focus on decay <p>Typical psychotherapeutic approach: <i>"What problems are you having?"</i></p>	<p>Search for solutions that already exist Amplify what is working Focus on life giving values/strengths</p> <p>Appreciative Inquiry approach: <i>"What is working well with you?"</i></p>

The session attempted to explain several of the flaws found in problem-solving approaches to include, focusing on what is wrong, searching for root causes of failure and decay, fixing the past, and treating obstacles as barriers—focused on what is the problem. Contrary to this approach, AI was presented as a change model that focused on what works and that searched for root causes of success, creating the future, and treating obstacles as bridges into new terrain. They were taught that AI recognizes there is only life in those things that we deeply affirm, whereas problem-solving approaches focused on the problem and tried to “fix” what was broken.

Veterans learned that AI is a way of collecting and celebrating constructive stories from one's past that serve to develop personal and social identity and vision for future things. They could be considered the “good news” of one's faith. For Christians it can be the story of how God is redeeming his creation, starting with the restoration of the image of God in humanity—a very important recovery theme. Its focus is on identifying human

⁹ David L. Cooperrider, Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2008), 16.

¹⁰ See appendix B: *The Cosmic Battle: Understanding What Gives Life*.

potential and bringing out the best in people—the very thing problem solving does not consider.

After hearing the differences between the therapy approaches, participants were introduced to Sue Hammond's *The 8 Assumptions of Appreciative Inquiry*. Hammond outlines 8 assumptions considered to be powerful tools in understanding and sharing the AI process.¹¹ Hammond's assumptions were not necessary to include in this lesson, however it seemed to be the best way to communicate the basics of AI and its principles in a short period of time.

Lastly, the participants were asked if they knew the difference between *religion* and *spirituality*. A graphic of a vase was used to explain the difference between them. This was done so as to get veterans thinking about what they believed spiritually. For instance, an empty vase, metaphorically, represents spirituality. It contains nothing, thus it is unidentifiable. However, once something is placed into the vase, say for instance, spiritual beliefs, scripture, doctrine, biblical principles, etc., the vase is now identifiable and is no longer referred to as a spiritual vase but as a 'religious' vase. It has now become a "religious vase" because it identifies its spirituality. The assumption was that once participants moved closer to identifying their spiritual/religious worldview, they would have a better sense of identifying life-giving values that would serve as a foundation from which hope could be exercised.

¹¹ See appendix C to view a complete list of Sue Hammond's Eight Assumptions. I have found that referring to these assumptions during group discussions on AI is a useful way of ensuring that language stays appreciative. They also correlate nicely with psychotherapeutic language in regard to talking about: one's past and future; what we focus and our reality; and the importance of life-giving values that sustain hope.

Week Two—A Spiritual Journey: An Introduction to the 4-D Cycle of Appreciative Inquiry (AI). In this session the participants focused on the following objectives:

1. What a spiritual journey is NOT
2. What a spiritual journey IS
3. Explore the 4 Spiritual World Views.
4. Explore Appreciative Inquiry as a pattern for spiritual journeying

The concept of a spiritual journey, as part of the recovery process, was introduced as a way for participants to recognize that their spirituality is a lifelong commitment—a journey (Phil. 1:6). They were encouraged to begin seeing their recovery as spiritual and to integrate their mental illness as part of their spiritual journey. Often times veterans are so fixated on their disorder that they develop tunnel vision and seem to put aside the spiritual and focus only on the cognitive.

Moreover, when this occurs, they begin to identify themselves negatively because of the labels given to them by mental health professionals such as manic-depressive, schizophrenic, Post-Traumatic Stress Disorder and other types. Obviously, it is no fault of the mental health provider, as they are tasked to follow protocol according to the Diagnostic Statistical Manual (DSM). Unfortunately however, this creates a stigma for some veterans, which can ultimately lead to greater feelings of shame or guilt.

Part of the material on spiritual journeying was designed to help veterans reawaken to their spiritual identity, confront their stigma, and remind them that God ultimately defines who they are according to his design. They learned that their spiritual journey empowers them to deal with the existential, human ‘spiritual’ questions

psychotherapy often fails to answer. Questions such as: Why am I experiencing this? Will I ever be normal again? Why has God deserted me? What is the purpose of suffering? What is my purpose? They were reminded that despite the disease or disorder, the fact that life is worth living is based on what God says and who you are, not what the DSM labels you to be.

Veterans were then given a definition of a “spiritual journey” and that it was made up of four phases, which coincided with the 4-D Cycle’s four phases and the following exercise:¹²

Stage 1: A Personal narrative—sharing one’s story within God’s story (Discover Phase)

Similar to the ‘Discover Phase’ of the 4-D Cycle, this was one of the key steps to integrating a veteran’s episode of mental disorder into a spiritual journey. Appreciative Inquiry and recovery literature point out the importance of sharing one’s story as an important first step to change.

To begin the journey veterans were asked to jot down on a time line at least three significant spiritual events they had experienced before their illness. This is the task of the Discovery Phase in AI, to help individuals “...discover the positive exceptions, successes, and most vital or alive moments...and that discovery involves valuing those things that are worth valuing.”¹³

Several veterans shared their positive stories to include a time their parents showed them love and gave them security. They talked about how their fathers were protective of them. In one particular case a veteran remembered how his dad came to his rescue from a classmate who was bullying him just outside the home where they lived. His

¹² The four components that comprise the spiritual journey were intentionally taken from AI’s 4-D Cycle. This served to give veterans another opportunity to familiarize them with the 4-D Cycle.

¹³ Cooperrider et al., *Appreciative Inquiry Handbook*, 6.

father came out of the home and talked with the bully and asked him to leave. Later, his dad called the bully's father and explained the incident and both the bully and the father apologized. The veteran remembers how good it felt to be cared for and to know that his dad was there to protect him.

Stage 2: Projecting positive spiritual values into the present and future (Dream Phase)

Veterans were then asked to describe one or two values that came out of these experiences. For instance, God's promises can give a person a sense of his security or goodness—something worth valuing. They were asked if these values could be considered an “eternal value” that would not change over time. They were told for example, if they were to die today, would the value of “love” continue to have value into the future?” Would love still be love? All the veterans agreed that it would. If this is true, then it was suggested, that the value of love retains its positive quality and is composed of eternal properties—what can be considered as an “eternal value.”¹⁴

The purpose for this exercise was twofold: to have participants recognize that eternal values are needed components in the hope making process. Secondly, that having experienced these eternal values and imagining their impact in their spiritual journey will help them move more confidently into a preferred future. This is the task of the Dream Phase by “imagining the possibilities for the future that have been generated through the Discovery Phase.”¹⁵

The values shared by the veterans who experienced security and protection from their fathers was love, trust, and caring. They believed that their fathers must have loved

¹⁴ The phrase “eternal value” is taken from the Apostle Paul's concept of “treasures in heaven”. He states, “Do not lay up for yourselves treasures on earth, where moth and rust destroy and where thieves break in and steal, but lay up for yourselves *treasures in heaven*, where neither moth nor rust destroys and where thieves do not break in and steal” (Mat. 6:19-20).

¹⁵ Cooperrider et al., *Appreciative Inquiry Handbook*, 130.

or cared for them enough to protect them. They said that their fathers cared for them because they displayed unconditional love towards them that made them feel safe. This meant a great deal to them because each of them lived in a big city growing up, which was not safe.

A majority of the veterans within the group identified with these stories and statements and could see how important appreciating the positive and linking the value of love or caring is helpful in moving confidently into the future. They understood how refreshing it is to look at the positive instead of focusing on the negative. They felt better of entering the future because they could rely on an eternal value experienced from the past.

Stage 3: Reconstructing a spiritual worldview (Design Phase)

In this phase veterans were challenged to reflect on what they really believed regarding their spiritual worldview. By listing their values (taken from the Discovery Phase) they were to recognize and prioritize their values that would help better define their worldview. As AI suggests, this phase would encourage veterans to plan out their “social architecture” and address their “design elements.”¹⁶ In other words, to help them build their spiritual worldview. The group decided that the focus of love and caring as the principal eternal values would be used to help them find innovative ways to create their future.

With this in mind, veterans were asked to develop *provocative propositions*, in order to “bridge the best of what is (Discover Phase) with what might be (Dream Phase). Theoretically, this was to show that a spiritual journey involves weaving together two

¹⁶ Cooperrider et al., *Appreciative Inquiry Handbook*, 163.

things: *eternal values* needed to shape a life-giving worldview and the power of *imagination* to create enthusiasm for the spiritual journey.¹⁷

The goal behind developing provocative propositions was to show veterans how to bridge the “best of what is” in their Discovery phase with “what might be” in the dream phase. Provocative propositions function similarly to ‘recovery goals’ in therapy as statements to what could be possible. In this exercise veterans constructed statements that were already true (known parts of the past) and instructed to imagine how those statements could become true again in the future.

During our group session veterans were asked to link a positive story of security and safety in their childhood experience. Several volunteered and a summation of their valued image of security and safety was written out as a provocative proposition on the whiteboard: “God meets me on my spiritual journey and I enjoy His security because it was displayed by my mom/dad. I will be secure because of that experience and will be secure for others in their spiritual journey with God’s help. God can be trusted and his trustworthiness enriches my life as a Christian.”

Stage 4: Sharing God’s Vision with others (Destiny Phase)

The Destiny Phase of AI is the application of the previous three phases. In this stage the participants considered how they would put into *practice* what they have learned. Veterans were asked to intentionally share their recovery struggles with other veterans from their unit/ward in an appreciative way.

¹⁷ Stage three of the 4-D Cycle can be viewed as a *journey inward* where veterans begin to exercise their power of reflection. For some it was marked as a ‘crisis of faith’ in which images of God found in their previous worldview were reframed into a new one. Veterans were warned to be open to the cost of biblical truth (core of beliefs) if they hope to move into phase four of thriving. Dying to self, for instance, is a costly biblical truth that requires a great deal of self-denial spiritually. As well, veterans began to see the benefit of spiritual practices as having an external effect and they were moved to practice the power of forgiveness and healing towards others.

Veterans were taught that this last phase was one of implementation, where they begin to exercise their AI learning competencies (eternal values) and build them into their culture (present and post recovery). It is where thriving continues and building community begins. Veterans were asked how they would perform acts of love and caring in their community, back at home, or in their church family. Some of them discussed how they would volunteer to help in a soup kitchen for the homeless, care for family members who were not able to care for themselves, or even be part of a mentoring program for inner-city children.

Veterans in the group seemed to understand the 4-D cycle and its process of change. It was easy enough for them to grasp within only a short period in this session. By taking the topic of security as the only topic helped to simplify the process and veterans were able to focus on one or two values. The exercise was originally given as a homework assignment and unfortunately many of the veterans either did not understand it or failed to accomplish it. This meant that it had to be done in our session that proved to be more valuable overall for the veterans.

Week Three—Spiritual Practices: Goal Setting and Appreciative Inquiry. In this session the participants focused on the following objectives:

1. Learn about the “right angle” of spiritual formation
2. Learn about different spiritual practices
3. Learn how to use the 4-D Cycle of AI Change as a spiritual practice/discipline
4. Learn how spiritual practices/disciplines shape identity

This session focused primarily on spiritual formation and the importance of spiritual practices. Several practices were discussed, such as Lectio Divina, Prayer of Examen and the Daily Office:

A. *The Lectio Divina* is an ancient practice which means “holy reading” in Latin, and seeks an experience with God using four movements of: reading and listening, meditation, prayer, and contemplation.

B. *The Prayer of Examen* is credited to St. Ignatius of Loyola, who encouraged followers to engage in the practice of spirituality through an exercise of remembering. Similar to Lectio Divina it also entails the practice of four movements: presence, gratitude, review, and response. Veterans were taught that the purpose behind this practice was to help increase their awareness and sensitivity toward the Spirit of God.

C. *The Daily Office* is a set rhythm of reading the Scriptures, singing, and prayer, which is often called the “Liturgy of the Hours.” The overall benefit of this spiritual practice is to simply spend time in the presence of God. It is the practice of communion with God. The center of communion with God is about “heart-shaping”,¹⁸ differing from a psychotherapy center, which is about “mind-shaping.”

After having discussed and provided examples of spiritual practices veterans were briefly introduced to a cognitive concept of hope and taught that it could be realized through a process of goal attainment. This type of hope is defined by Snyder as a “cognitive set that is based on a reciprocally derived sense of successful (a) agency (goal-directed determination) and (b) pathways (planning of ways to meet goals).”¹⁹ In this

¹⁸ Reggie McNeal, *A Work of Heart: Understanding How God Shapes Spiritual Leaders* (San Francisco, CA: Jossey-Bass, 2000), 139.

¹⁹ Charles Snyder, et al., “The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope,” *Journal of Personality and Social Psychology* 60, (1991): 571.

session veterans learned that “agency” and “pathways” were necessary components that contribute to cognitive, or finite hope.

Participants were given a handout to include a graphic that better visualized Snyder’s goal-setting framework in order to demonstrate two things: First, that the functioning of both agency and pathways are important components needed to maintain movement toward the goals of a person’s life and secondly, how this process can be integrated into the Discovery and Design phases of the 4-D Cycle model.²⁰

Successful determination (agency), for instance, is contingent on positive/high value strength, generated from a person’s core values. It is within the Discovery phase of AI that these core values or the best of “what is” are found and then explored to “identify, illuminate, and understand the distinctive strengths that lend the organization [person] life and vitality.”²¹

In regard to pathways, the ability to generate successful plans to meet these goals is primarily conducted within the Design phase of AI. In this phase, veterans began to struggle to find the best way to generate successful plans for their goals. They were reminded that successful goals could be achieved when integrated with their life-giving values and God’s design. Veterans were taught that once agency (high-value strength) and pathways (resources) were used together as reciprocal agents for change, they could expect levels of hope to increase.

As a homework assignment veterans were given an Appreciative Soul Therapy: 4-D Cycle Questionnaire to complete before the next week’s session.²² The assignment is a

²⁰ See appendix B: *Spiritual Practices: Goal setting and Appreciative Inquiry*.

²¹ Cooperrider et al., *Appreciative Inquiry Handbook*, 104.

²² The questionnaire can be used for long-term pastoral counseling with veterans. Positive feedback has been received from veterans for the logical progression and easy use of the 4-D Cycle process. The

modification of AI's foundational questions beginning with the selection of an affirmative topic (Discover stage) on day one. The question, "What positive ways have you experienced God?" guided the entire session. The word "practice" is the affirmative focus emphasized in this phase founded on Philippians 4:8-9, "Finally, brothers, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things. What you have learned and received and heard and seen in me—*practice* these things, and the God of peace will be with you."

On the second day of their assigned homework "imagining" or "dream" (Dream stage) characterized the session. The question "What do you think is God's vision for you?" guided the entire homework session. The word "prize" is the affirmative focus emphasized in this stage along with several other questions utilized to facilitate the dreaming process. Philippians 3:13-14 functioned as the foundational scripture, "Brothers, I do not consider that I have made it my own. But one thing I do: forgetting what lies behind and straining forward to what lies ahead, I press on toward the goal for the *prize* of the upward call of God in Christ Jesus."

On day three of the homework assignment the word "design" characterized the session. The question, "What can and should be done to make that vision happen?" guided the entire session. The word "purpose" was the affirmative focus emphasized founded on Romans 8:28, "And we know that for those who love God all things work together for good, for those who are called according to his *purpose*."

questionnaire was given as a homework assignment because there was no time to conduct it during group session. Otherwise, it would have been completed in the group session. All except one veteran completed the homework assignment.

Lastly, on day four of their homework assignment, the idea of “deliver” characterized the session. The question, “How can you sustain and keep practicing your faith?” guided the entire session. The word “perseverance” was the positive focus based on Galatians 6:9, “And let us not grow weary of doing good, for in due season we will reap, if we *do not give up*.”

The following week (week 4) of our scheduled group session, veterans were asked to discuss questions or comments covering their completed assignment. Approximately 10 minutes were dedicated to this part of the session, followed by a brief review of the entire 4-D Cycle change process.²³ To this point, veterans had been exposed to approximately 7 hours of AI theory and principles, 3 hours of group session teaching centered on the 4-D Cycle and 4 hours of homework that was needed to fill out the questionnaire.

Week Four— Theodicy: The Problem of Evil. In this session several objectives were covered:

1. Understand the meaning of Theodicy
2. Understand the universal tension created by this dilemma
3. Learn how resolution of this tension affects your belief in God and in yourself
4. Learn about the three types of recovery language and their progression

Veterans in this group session were given opportunity to explore the question, “what is the purpose of suffering and why does God allow it?” This is an important topic for veterans in recovery to explore as they struggle with the tension created between their belief in God as a powerful being and the horror they have experienced as a result of their trauma. Whether their trauma is a result of an experience on the combat field, addiction

²³ See appendix B: *Spiritual Practices*, p. 9.

to drugs or alcohol, or domestic sexual abuse, veterans tend to want to blame someone for their being victimized.

Many of them take personal blame, which impacts the way they think and feel about themselves: I am to blame, I am no good, or I am a failure. Regardless whether they point their finger at themselves or at someone or something else (ex: Vietnam veterans blaming the U. S. Government) this kind of thinking creates a language of victimization—a sense of feeling persecuted or abused. In this lesson, veterans learned that in order to attain levels of hopefulness they had to move beyond nurturing thoughts of being victimized to nurturing thoughts of having survived.

One of the main objectives of this lesson was to introduce veterans to a language of hope by first explaining suffering as part of God’s design, and second, by showing them how suffering can be understood through the lens of AI. The meaning of theodicy was briefly explored but more time was spent in the universal tension that this dilemma created. This allowed the discussion to focus more on how suffering manifests itself symptomatically within recovery, regardless of theological views.

Veterans learned about the progression of recovery language, differentiating between the “victim story”, the “survivor story”, and the “thrivers story.”²⁴ Unhelpful absolutes are often created in the victim’s story, in that the victim is perceived to be totally innocent and the perpetrator totally guilty. This often results in assigning blame rather than accomplishing resolution. This “language of blame” is characteristic of problem-focused approaches typically found in cognitive behavioral therapy. Veterans were reminded that AI’s approach attempts to resist blaming, but rather, seeks to find affirming solutions.

²⁴ See Appendix B: *Theodicy—The Problem of Evil*.

The survivor story is an important language for recovering veterans to understand. It is a reminder that they have experienced a trauma, yet somehow have managed to survive. Countering a language of victimization requires that veterans become aware of their behavior and what it actually did to assist in their survival. This is similar to AI's philosophy of appreciating what is best of the past. Stories of survival are remembered (Discover stage) so as to construct (Design stage) a present state of resourcefulness.

What this means is that veterans can discover strengths where previously they only saw weakness and put these strengths to work. For some veterans this was the first time they understood that AI was an attempt to get away from psychology's focus on "Why are people hopeless?" and "How can we help fix their problems?" to "What makes people hopeful?" and "How can we make help them flourish and excel?" This approach is similar to Narrative Therapy, a non-blaming approach to counseling that views the counselee as the expert. It treats problems as separate from the person and seeks to understand what is of interest to the person in hopes to guide them to better decisions.²⁵

Appreciative Inquiry attempts to balance the field of cognitive behavioral therapy and make it more complete by shifting the focus from repairing the worst of what is to enhancing the positive aspects. The Constructionist Principle of AI is a good example of this. It proposes that what people believe to be true determines what they do in the future. It advocates that it is not in re-living one's past that matters but rather finding ways of reclaiming "imaginative competence." Reclaiming imaginative competence takes into

²⁵ Alice Morgan, *What is Narrative Therapy?: An Easy-to-Read Introduction* (Washington, DC: Dulwich Center Publications: 2000), 3-4.

account the negative and positive story of the individual as their worlds of meaning intersect.²⁶

Veterans learned that if they only tell the stories of their negative experience then they run the risk of fostering victim consciousness and remain in a “stuck” state, psychologically and spiritually. If, on the other hand, they only tell the positive stories of how they survived, they minimize their suffering and nurture denial. Only when both stories are told can veterans create the possibility of transformed living that is beyond the notion of it being only positive or only negative. This leads to the third story discussed in this session—the “thriver story.”

Despite the symptoms veterans may experience from these phases of recovery development, there is a life-giving future veterans can experience—a life of thriving. In AI, this is best understood in the Destiny Phase of the 4-D Cycle. In this story, the veteran has come to a place of thriving without feeling victimized or merely surviving. They are at a place of feeling more alive and find life rich and rewarding. Despite the psychological and spiritual negatives that often accompany veterans in their state of thriving, finding purpose and meaning become tangible realities of hope, replacing wishful thinking.

In regard to the concept of evil, veterans were taught two important principles behind the term. One is that God opposes evil. The second is that God has shared the human suffering in the world and continues to share that suffering with them. It is “God’s righteous punishment and only repentance can save from further experience of it...the

²⁶ Jane Magruder Watkins, et al., *Appreciative Inquiry: Change at the Speed of Imagination*, 2nd ed. (San Francisco, CA: Pfeiffer, 2011), 39-42.

experience of the love of God in Christ (Rom 5:5; 8:35, 37 ff.).”²⁷ The discussion of God’s suffering may have given some veterans better insight in that it is not the total quantity of suffering, but meaningless suffering that poses the greatest threat to them.

The story of Victor Frankl was presented at this point in the session. Through his experiences as a concentration camp inmate, he alludes to this idea when he said, “He who has a why to live for can bear with almost any how.”²⁸ Veterans were taught that the dichotomy between pain and comfort, happiness and unhappiness, is less crucial than that of despair and meaning. The session concluded with a short discussion on suffering and its role as an agent of positive and healthy change in the anatomy of hope.

Week Five—Forgiveness: How to Move Forward Into A Preferred Future.

Several objectives were covered in the session:

1. Understand that unforgiveness is a separation that slows recovery
2. Understand what forgiveness is and what it is not
3. Understand the definition of forgiveness
4. Learn about the barriers to forgiveness
5. Learn about the steps toward forgiveness
6. Understanding forgiveness as a lifestyle

The focus in this session was on spiritual forgiveness beyond the normal psychological understanding of the term. The question was asked, “Why is forgiveness important in the recovery process?” By asking this question veterans were challenged to think and reflect why unforgiveness creates psychological and spiritual separation. They learned that when people choose unforgiveness it creates a “separation” within

²⁷ Colin Brown, ed., *The New International Dictionary of New Testament Theology* (Grand Rapids, MI: Zondervan, 1971), 564.

²⁸ Victor Frankl, *Man’s Search For Meaning* (Boston, MA: Beacon Press, 2006), 76.

themselves, with others, and especially with God. Forgiveness is an antidote; in the healing of recovery it is a necessary eternal value to help them move forward into the future with confidence.

Veterans were taught what forgiveness is and what it is not. They learned that forgiveness gives opportunity to transform suffering into bearable pain. It loosens the hold that anger and resentment have on the emotions, freeing the person from feeling psychologically or spiritually stuck in their “freeze” zone.²⁹

On the other hand, veterans learned that forgiveness is not the same as forgetting, condoning the act, or reconciliation. Group members were presented with a definition of forgiveness, barriers to forgiveness and steps toward forgiveness as necessary components to minimize the chasm of separation unforgiveness creates.

Last, and most important, as it concerns the integration of AI and forgiveness, veterans paired off and practiced giving or receiving forgiveness using the 4-D Cycle. The purpose for using the change model was to show veterans a way to reframe the event (offense) by valuing truth over feelings. Beginning with the Discover Phase they learned to identify the meaning inherent in their choice to forgive and/or repair the offense.

As veterans moved to the Dream Phase they were encouraged to let go of the victim narrative in their story and begin to appreciate a new language of survival. By doing this, they would shift the focus away from how they *perceived* the injury to how they *survived* the injury. Recalling Hammond’s assumption, “what we focus on becomes

²⁹ The “freeze” zone is a term I have coined to express what psychologists refer to as being “stuck” in traumatic memory. A veteran in a state like this may experience difficulty moving on with his or her life because they struggle in redefining their worldview. For example, a young veteran who grows up believing that God is loving as well as is kind may end up questioning God’s love and kindness after his friend is killed in combat. Moreover, the veteran may begin to question God’s existence! The “freeze” zone represents the place of “stuckness” where veterans struggle to associate reality from a familiar past with a confusing present. Generally, it is the individual’s inability to integrate his or her emotional experience into the present with their perceived reality of the past.

our reality” reminded veterans of the positive results associated with the practice of imagination and the power of vision.

The exercise continued into the Design Phase, underscoring the importance of planning ways for veterans to give or receive forgiveness. Two scriptural examples were given containing several criteria necessary to make a good “provocative proposition” that bridges the best of “what is” and “what might be.”³⁰

- “Be kind to one another, tenderhearted, forgiving one another, as God in Christ forgave you” (Ephesians 4:32).
- “...Lord, how many times shall I forgive my brother or sister who sins against me? Up to seven times? Jesus answered, “I tell you, not seven times, but seventy-seven times” (Matthew 18: 21-22).

The exercise ended by covering the last phase of the 4-D Cycle—the Destiny Phase. After interviews were completed, veterans came back together into a large group and shared some of their identified themes. It was explained that this phase consisted of sustaining truth—core values. Similar to an exit interview in recovery, veterans now focused on what was needed to sustain the vision they had already established earlier in the process. They were challenged to see the act of forgiveness as a preferred lifestyle and to understand what it means to move confidently into the future.

Week Six—Life-Giving Values: Inquiring Appreciatively. The objectives covered in this session were:

1. Learn the definition of a life-giving value
2. Identify personal values

³⁰ Cooperrider et al., *Appreciative Inquiry Handbook: For Leaders of Change*, 168.

3. Distinguish an eternal value from a temporal value
4. Learn how values impact behavior using an Appreciative Inquiry approach
5. Explore how values impact the authentic self.

The main focus of this session centered on values and how they affect a veteran's recovery and authentic self. They learned that becoming authentic requires focus on the things that have eternal value. Eternal values have a particular quality that goes beyond the temporal into the eternal and cannot be destroyed or stolen from us (Matthew 6:19-21). Moreover, veterans learned that God gives eternal values in order to help form their identity.

Values play an important role in regard to Appreciative Inquiry, as they facilitate sustainable change for future goals. This concept is represented graphically in the handout, *Appreciative Transformation: Manifesting Values into Future Goals*.³¹ Veterans were taught that staying true to one's values would help foster an authentic self. When the opposite happens, and they do not stay true to their professed values, damage is done to the authentic self. This can lead to spiritual angst, creating feelings of separation between what they believe and their behavior.

After having covered the handout on Appreciative Transformation, the session shifted to a deeper discussion on the authentic self and how to defend it. The material used for this was taken from Simon Walker's text, *Leading Out of Who You Are*. Walker

³¹ See Appendix B: *Life-Giving Values: Inquiring Appreciatively*. The graphic in the handout represents a human time line showing a person's past, present, and future. It moves from left to right pointing to the direction of healthy change represented by "A", a person's present location, moving towards "B", the future goals a person desires to achieve. Resources are needed (blue arrow) which are comprised of two important components needed for hopeful change to occur: (1) purpose and (2) strategies. Veterans are challenged to ask themselves what eternal values (Gold line) would manifest a desired outcome and preferred future. To help veterans through the process of change the 4-D Cycle model of AI is used showing each phase of the cycle working throughout a person's timeline.

uses a metaphor of the theater to represent how people can be seen to live two lives, a public life (front stage) and a private life (back stage).

Veterans were taught the differences of the two stages and how it is possible to develop healthy strategies of behavior to reduce the risks and threats presented to them by other people. These strategies impede authentic behavior, slowing down recovery. The session ended discussing Walker's three strategies for defending authenticity.

Table 5. Lesson Plan Topics

Week	Recovery Group Theme/Topic
One	The Spiritual Battle: Understanding What Gives Life
Two	A Spiritual Journey: An Introduction to the 4-D Cycle
Three	Spiritual Practices: Goal Setting and Appreciative Inquiry
Four	Theodicy and the Problem of Suffering
Five	Forgiveness: Moving Forward Into a Preferred Future
Six	Life-Giving Values-Inquiring Appreciatively

Data Collection

The study employed two methods for data collection. The primary collection method used was the interview process, consisting of three questions, discussion, and a time of closure for participants. The second method consisted of three documents. The first two were used to measure hope—The Experience of Hope, an autobiographical chart of life experiences of hope,³² and The Adult Hope Scale (AHS)³³. Similar in concept to the Discover Phase of the 4-D Cycle in AI, the autobiographical chart helped veterans

³² Rene Schlaepfer, *The Hope Experience: 50 Days of Hope* (Santa Cruz, CA: Twin Lakes Church, 2009), 30.

³³ Snyder, "The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope", 585.

begin to think about their experience of hope and hopelessness. The Hope Scale would help the study to understand the general coping strengths of veterans. The third document used was the View of God Assessment, which would help in pinpointing some of the feelings veterans might have about God.³⁴

Adult Hope Scale: the “Ways” and the “Means”

The Adult Hope Scale (AHS) was the first measurement tool used in the collecting of data for the study, in order to determine changes in the levels of cognitive hope found in veterans before and after the study. Psychologist Charles Snyder’s area of work on hope was used primarily to identify general baseline readings in the levels of hope from veterans.³⁵ It consisted of 12 items: four items were designed to measure a person’s Agency—the successful *determination* (i.e. the “will”) in meeting goals in the past, present, and future; the next set of questions are designed to measure a person’s Pathways—the ability to generate successful *plans* (the “ways”) in meeting goals; the last four set of questions were “fillers.” Veterans responded to each of the questions using an 8-point scale that ranged from “definitely false” to “definitely true.” The AHS assumes that there are three main things that make up hopeful thinking.³⁶

- Goals—Approaching life in a goal-oriented way
- Pathways—Finding different ways to achieve your goals
- Agency—Believing that you can instigate change and achieve these goals

According to Snyder, “hope is the perceived capability to develop pathways to desired goals, and motivate oneself through ‘agency thinking’ in order to use those

³⁴ H. Norman Wright, *Tomorrow Can Be Different* (Grand Rapids, MI: Fleming H. Revell, 1995), 55-59.

³⁵ The Adult Hope Scale is an instrument most often employed to measure hope by psychologists at our VA Medical Center.

³⁶ Snyder, “The Will and the Ways”, 570-575.

pathways.”³⁷ He argues that individuals who are able to understand these 3 components and cultivate a belief in their ability are considered hopeful people who can establish clear goals, imagine multiple workable pathways toward those goals, and persevere, even when obstacles get in their way.³⁸

The Experience of Hope: an Autobiographical History

The second instrument used for the collection of data was a simple instrument used to capture hopeful experience of their past. It contained a horizontal line found on the bottom of the graph, which indicated a chronology of the veteran’s life experiences from early childhood to adult years. The left line of the graph represented the veteran’s hope level values ranging from low to high.

The graph was used intentionally as a subjective tool to help veterans begin to think of the way their past experiences had progressed over time. They were asked to reflect on hope within their narrative story, which seemed to be an important first step towards capturing hopeful moments of their humanness, a way to capture the richness of the real person—the living human document.³⁹

In summary, the autobiographical charting would hopefully achieve three things: 1) assist veterans to begin thinking narratively about their personal experience of hope. This may well be the most important factor needed for measuring hope because it “serves as the jumping-off point for dialogue and the application of learning to innovation and change”⁴⁰ 2) for them to be honest about their degree of hopefulness in the present, and

³⁷ Snyder, “The Will and the Ways”, 571.

³⁸ Snyder, “The Will and the Ways”, 570-575.

³⁹ Pamela Cooper-White, *Shared Wisdom: Use of the Self-Pastoral Care and Counseling*. (Minneapolis, MN: Fortress Press, 2004), 74.

⁴⁰ Cooperrider et al., *Appreciative Inquiry Handbook*, 104.

3) remind them of times when they had successfully moved from loss to new hope and how that had been possible to do.

Instructions were included on top of the assessment. After having completed the graph, veterans were asked two questions as to what the chart might mean: (1) What incidents in the past made you more hopeful? (2) What incidents in your life took hope from you?

View of God Assessment

The third measurement tool used for collecting data was the View of God Assessment.⁴¹ This was given to veterans a week prior to the interview process just after completion of our group sessions. The purpose for using this assessment was both to teach and test possible correlations between a veteran's view of God and his capacity to experience hope.

It was assumed that differing interpretations regarding the nature of God's relationship with people might either promote or obstruct the experience of hope. For instance, veterans who viewed God more as a judge and king might be less hopeful of his mercy. On the other hand, veterans who viewed God as a merciful father were possibly less hopeful of his just rewards and punishments.

The assessment contained ten pairs of contrasting relational traits listed in pairs ranging from "gentle—harsh" to "just—unfair" on a measurement scale of "never to always." At the top of the assessment was placed the question, "To what degree do I feel that God is like this toward me?" This open-ended question would add to the descriptive

⁴¹ Some of the images of God in Scripture include God as Comforter, Counselor, Deliverer, Father of Compassion, Father to the Fatherless, Fortress, Helper, King, Light, Mighty One, Refuge, Rock, Savior, and Shepherd. Some veterans associated their image of God with their relationship a family member such as, abusive or kind parents, loving uncles, and compassionate sisters.

narrative in the analysis. All but two participants from both groups completed the assessment. The results from the other participant assessments were transcribed to an Excel spreadsheet.⁴²

Semi-structured Interviews

The primary method used to gather data was the interview. Once participants finished their six-week group session, completed the AHS, the autobiographical histories, and the view of God assessments, the semi-structured interviews were conducted. During the interview process two different sets of questions were asked. The first was to give their impressions of the Appreciative Inquiry approach to recovery compared to that of a problem-focused approach. The second question specifically sought to gather their impressions on AI's 4-D Cycle and if the process actually made some kind of difference.

Table 6. Group Interview Questions

Interview Questions
1. What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?
2. How has the 4-D Cycle of AI made a difference in your recovery and why?
3. What do you think caused this change?

Veterans who answered enthusiastically and that mentioned any kind of significant change in their recovery was then asked a third question, "What do you think caused this change?" Each of the questions was open-ended and most sessions required

⁴² See Appendix D: *View of God Assessment Results*.

some “probing”, in other words, a follow up question to either question.⁴³ The time spent on probing often extended the interview 15-30 minutes.

In general, the interviews lasted approximately 30 minutes. Upon completion of each interview session, answers and responses were documented and participants were thanked for their involvement in the study. Veterans were reminded at the end of their session that all of their personal information, score results, and private discussions conducted about the study would be kept confidential.

Data Analysis

Once the data was collected it needed to be analyzed. According to Swinton and Mowat the analysis of data should be, “a process of breaking down the data and thematizing it in ways which draw out meanings hidden within the text.”⁴⁴ Examining the collected data served to make better sense of the research studied. The type of analysis used for the study was descriptive, compressing the data into narrative form so as to make sense of the phenomenon studied.⁴⁵ Multiple sources of data were collected for analysis. This process, referred to as *triangulation*, was used in hopes to improve the reliability of the research.⁴⁶ Three sources of data collection were used: surveys, assessments, and interview transcriptions.

The analysis of data from the *Adult Hope Scale* (AHS) survey provided before and after snapshots of the levels of hope in veterans, noting comparison changes of those levels. The analysis, to some degree, did not lend itself to being that useful. However, by taking the score results and comparing them with other measuring tools, the study was

⁴³ Merriam, *Qualitative Research and Case Study Applications in Education*, 80.

⁴⁴ John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London, UK: SCM Press, 2006), 57.

⁴⁵ Merriam, *Qualitative Research and Case Study Applications in Education*, 178.

⁴⁶ Silverman, *Doing Qualitative Research*, 99.

able to achieve a clearer understanding of hope levels in the participants. This created a richer narrative for the analysis.

The first of two categories of assessments analyzed was the *autobiographical histories*. The data analyzed from the graph itself provided opportunity for veterans to begin reflecting about their personal experience of hope. It reminded them of times when they had moved from despair to hope and to think how that had been accomplished. The assessment also provided a means by which they could be honest about their degree of hopefulness in the present.

The second category of assessment used in the study was the *View of God Assessment*. The data from this measurement tool was useful once it was transcribed into theoretical narrative. The findings suggested that over half of the group of veterans remembered a time when God seemed very close to them during times of hopelessness. The conclusion suggested the possibility that part of the problem with finite hope and infinite hope may be that the degree of the great need for God's presence does not necessarily correspond by an equal degree of the experience of God's presence. These findings suggested a possible need for further inquiry about the perception of God's presence in times of hopelessness.

Although correlation was used in this instance it should be understood that it does not equal causation. If a variable were shown to be significantly different in percentage from any of the other pairings, then it would be worth giving it some discussion. Interestingly, only one participant's score percentage differed drastically from the others. The reason for this was due, in large part, to two deaths having occurred, back to back, in the participant's family.

The final, and most meaningful data analyzed originated from the semi-structured interviews. It was here, as Swinton and Mowat suggest, meaningful human encounter within both parties [researcher and subjects] gained “implicit and explicit knowledge about the other. It is a unique space for the creation and sharing of meaning”⁴⁷ One of the positive findings from the interviews is that they collected the veteran’s “confessional stories” together with their answers.

Each interview was transcribed and the common elements found within each of the transcriptions were highlighted. These highlighted thoughts within the collected data created categories of themes commonly expressed by each participant. As one level of analysis, the construction of categories provided a means to organize the data so as to better weave it into a descriptive narrative.⁴⁸ At another level of analysis, the interview data afforded participants the opportunity to describe their worldview as potentially ‘true’ pictures of ‘reality’.⁴⁹

In both cases, the transcripts were then arranged into an organized coding process from which a list of key thematic ideas emerged. This made it easier to write the narrative, making sense of the data.

⁴⁷ Swinton and Harriet Mowat, *Practical Theology and Qualitative Research*, 63-64.

⁴⁸ William R. Myers, *Research in Ministry: A Primer for the Doctor of Ministry Program* (Chicago, IL: Exploration Press, 2000), 64.

⁴⁹ Silverman, *Doing Qualitative Research: A Practical Handbook*, 122.

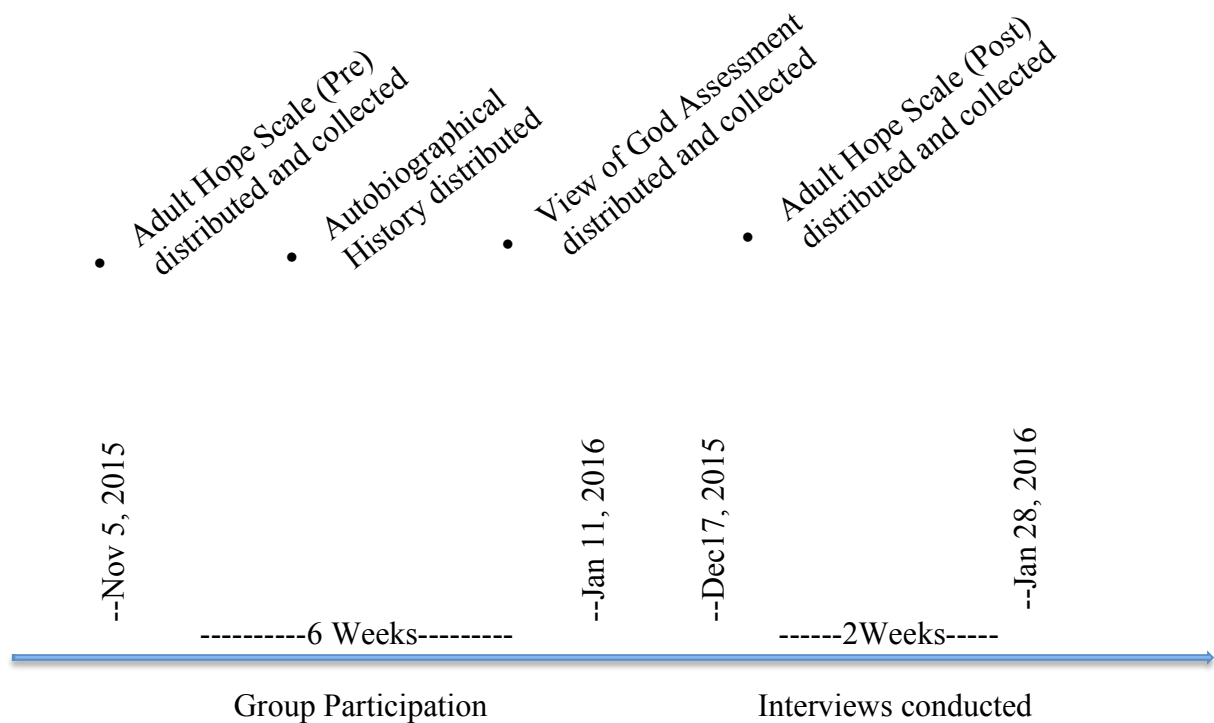


Figure 4. Project Timeline

Quality Concerns

Quality concerns have to do with *reliability* and *validity* in qualitative research. It asks the question, “How can the researcher persuade his readers that the research findings of an inquiry are worth paying attention to?”⁵⁰ Reliability is chiefly concerned with making sure the method of data gathering leads to consistent results. Reliability also refers to the “extent to which research findings can be replicated. In other words, if the study is repeated will it yield the same results?”⁵¹

Validity, on the other hand is concerned in whether the research is really measuring what it claims to be measuring. To some degree it must assume some level of integrity so that it can be considered valid. Lincoln and Guba argue that ensuring validity

⁵⁰ Merriam, *Qualitative Research and Case Study Applications in Education*, 199.

⁵¹ Merriam, *Qualitative Research and Case Study Applications in Education*, 205.

is one of most important factors establishing trustworthiness.⁵² To this end, the data collection process used in the study can be trusted. It measured what it set out to measure.

In addressing the issue of reliability, the study employed techniques to show that if the work were repeated in the same context, with the same methods and with the same participants, similar results would be obtained. The purpose of reliability used in the study sought to generate ‘understanding’ of the subject rather than ‘explaining’ it, as quantitative research would typically do.⁵³ The study also made efforts to ensure consistent formatting of all the documentation and categorizations used in the collection of data. According to Silverman, for reliability to be calculated, “it is incumbent on the scientific investigator to document his or her procedure and to demonstrate that categories have been used consistently.”⁵⁴

Moreover, the study was concerned with standardizing the interpretation of data. Having developed a cataloguing and retrieval system helped the study to retain good access to the words of the participants without having to rely on memory. Specifically, the use of a *coding system* was employed to help identify topics and themes that helped to organize and eventually make sense of the data.⁵⁵

Validity, often known as *credibility* was a concern in terms of ensuring that the study measured or tested what it originally set out to measure and test. According to Merriam, the qualitative investigator’s equivalent concept, i.e. validity, deals with the

⁵² Nahid Golafshani, “Understanding Reliability and Validity in Qualitative Research,” *The Qualitative Report* (December 2003): 601-602. <http://www.nsuworks.nova.edu/tqr/vol8/iss4/6> (accessed March 3, 2016).

⁵³ Richard Osmer, *Practical Theology: An Introduction* (Grand Rapids, MI: Eerdmans, 2008), 49-50.

⁵⁴ Silverman, *Doing Qualitative Research*, 188.

⁵⁵ Those lists became a catalogue of codes relating to hope within a number of themes and topics. These are discussed more fully in Chapter 5.

question, “Do the results of the data make sense and are they consistent and dependable?”⁵⁶ Silverman contends that ensuring validity is another word for truth.”⁵⁷

The following provisions were made to promote confidence in ensuring *internal* validity:

- Well-established methods. Each method, particularly the Adult Hope Scale, provided specific procedures, such as the line of questioning concerning ‘agency’ and ‘pathways’ found in the survey questions.
- Familiarity with the culture of mental health-care.
- A relationship of trust was established between the researcher and the participants prior to the study. It helped that veterans and the researcher shared common military life experiences. They also accepted the researcher as having successfully integrated into the recovery process culture as both a mental-health care professional and as their chaplain.
- The use of *triangulation*. According to Swinton and Mowat, “the combination of multiple methodological practices adds rigor, breadth, complexity, richness, and depth to any inquiry.”⁵⁸

Using a combination of assessments, surveys, and interviews helped to establish valid proposals for the study: (1) The View of God assessment allowed the gathering of information in attempt to show a possible correlation between a participant’s view of God and their capacity to experience hope, (2) The Adult Hope Survey measured levels of agency and pathways needed in goal setting, and (3) The Autobiographical Histories allowed participants to identify and connect with their narrative stories of hope from their past.

⁵⁶ Merriam, *Qualitative Research and Case Study Applications in Education*, 206.

⁵⁷ Silverman, *Doing Qualitative Research*, 175.

⁵⁸ Swinton and Harriet Mowat, *Practical Theology and Qualitative Research*, 63-64.

Veteran participation came from a random sampling that helped negate any speculation of the researcher being biased in the selection of participants. They were initially interviewed by a mental-health coordinator and then helped by a caseworker that assisted veterans in scheduling their groups and classes for the program. Veterans who decided to participate in the group entitled “Spirituality and Trauma” made up the target group used in the study. As previously mentioned, veterans in this group brought with them a host of mental-health and substance abuse diseases and disorders.⁵⁹

According to Silverman, “The purpose of sampling is usually to study a representative subsection of a precisely defined population in order to make inferences about the whole population.”⁶⁰ Veterans truly represented a specific subculture, which also promoted confidence in ensuring validity of the study. Despite the wide variety of racial, economic, political, and psychological issues represented among these veterans, all of them had at one time or another served in the U. S. military. In fact, 95% of them were identified as having suffered many of the same illnesses related to combat or the military.

The research design incorporated the use of semi-structured interviews that allowed veterans to describe their external (e.g. facts, events) and internal experiences (e.g. feelings/meanings).⁶¹ Doing this brought clarity and definition to their story (narrative). Triangulated together, the assessments, surveys, and interviews created strategies that ultimately improved the reliability of the research findings. Moreover, these methods were pragmatically useful tools in analyzing the data. They provided just the right amount of evaluative power.

⁵⁹ See appendix A: *Group Participant List of Diagnosed Disorders*.

⁶⁰ Silverman, *Doing Qualitative Research*, 102.

⁶¹ Silverman, *Doing Qualitative Research*, 122.

Merriam writes that *external* validity “is concerned with the extent to which the findings of one study can be applied to other situations”⁶² In regards to this there is no question the study could be replicated at another VA medical facility. There is a saying within the VA, that “if you’ve seen one VA, you’ve seen them all.” A majority of other VA medical centers *standardize* mental-health approaches and psychotherapeutic methods across the board. Knowing this gives a certain confidence that the study could demonstrate transferability, in terms of similar contextual data results, at other VA medical centers.⁶³

Taking this approach, the study enhanced transferability by thoroughly describing the research context and laying out the assumptions that were central to the research. In the end, transferability from a qualitative perspective was primarily the responsibility of the researcher doing the generalizing. If another researcher wants to “transfer” the results to a different environment he or she is then responsible for making the decision of how reasonable the transfer remains the same.

Project Summary

A sound methodological framework has been provided for this study. Written as a case study, the project is highly readable yet critically reflective, providing an interpretive framework that both informs and challenges clinical chaplains. Used as a case study approach, the project design included the following elements:

- Research Questions—this was the focus and the heart of the research,

⁶² Merriam, *Qualitative Research and Case Study Applications in Education*, 207.

⁶³ Martin Denscombe, *Ground Rules for Social Research: Guidelines for Good Practice* (Berkshire, UK: McGraw-Hill, 2010), 181.

- The Study Design—the study sought the input from participants using a number of research tools such as surveys, assessments and interviews. With research questions defined, the Who, What, When, Where, and How were established to guide the project to its logical end.
- Data Collection—by being an inconspicuous observer the researcher had little impact on the settings being observed, which minimized bias.
- Data Analysis—ensuring that the project created a system for coding actions and notable interview transcripts, which resulted in creating a process for turning verbatim into meaningful insights.

CHAPTER 5

PROJECT RESULTS: WHAT ACTUALLY HAPPENED?

In the previous chapter, the methodology and design of the study was discussed. This chapter will briefly discuss some of the positive and negatives of each model, provide an analysis of the research, to include the therapeutic experiences, levels of hope satisfactions, and the participant scores from each of the surveys.

A summary of the recurring themes found in the study will be discussed focusing primarily on hope's relevancy to an appreciative focused approach. Finally, the positive and negative feedback on the 4-D Cycle Model collected from the Semi-Structured Interviews will be discussed.

Key Themes Identified Within Each Model of Change

Initial research showed that the four models currently used within the VA mental-health system appropriated techniques to help veterans consider and evaluate thinking patterns, which in turn, gave them greater control over their emotions. Beck, in his cognitive therapy suggests that people are plagued with dysfunctional automatic thoughts when responding to life situations. By using Cognitive Processing Therapy (CPT) mental-health providers help veterans build skills to fight against dysfunctional thoughts. When these dysfunctional thoughts are replaced with rational responses the veteran can gain control of his or her emotions.

The research showed that this type of approach focused on the causes of the problem in reducing a veteran's state of hopelessness. The investigative questions used

by this method consists of asking who or what sustains the problem, when and where it occurred, and how can the veteran be more effective.

This type of inquiry places the responsibility for change on the individual rather than on God. This is unfortunate, because when this occurs the process of hope-making is limited to self-effort and temporal resources. This is what the study referred to as finite hope, a hope that has little if no transcendent value or purpose other than alleviating the symptoms of the disorder or cognitive distress.

The study discovered that hope, as a generative element in CPT is more concerned with finite or penultimate hope rather than an infinite or ultimate hope. The major problem revealed in this approach was it addressed hope from a purely cognitive perspective. It seeks to identify negative automatic thoughts by asking only questions that have to do with the reasonableness or rational importance of the idea in question. It does not necessarily test the factual basis or reality from whence those ideas originate ontologically. Hope, in this sense, is seen as a finite entity instead of an infinite one.

In order for pastoral care to be effective it must be grounded theologically, specifically by incorporating the future or infinite dimension of hope. Finite hope, which CPT centers around, is not enough. The danger is that without infinite hope finite hope is now seen as the total reality of the human experience. When this happens the sacred and the spiritual are diminished and the secular and the material are accentuated.

The study also reviewed Prolonged Exposure (PE) and its ability to produce biblical hope. It advocates that veterans must be confronted with their fears. It systematically goes about doing this by repeatedly exposing the person to their memories and fears in hopes that one day those memories and fears will be minimized. Once the

memories and fears are minimized the veteran is able to better cope with their emotional struggles.

Similar to Cognitive Processing Therapy, this process emphasizes the need to eradicate a present emotional condition while avoiding a future story as to why the condition exists. Again, the emphasis is on the temporal importance of finite hope. It does not incorporate the principle that relief of temporary anxiety alone does not help foster ultimate hope. Hope is ultimately secured in the context of the eternal character of God that provides a person security beyond the finite or immediate type of hope (Rom 8:24-25). Similar to CPT, PE is more concerned in attaining hope based on temporary skill sets and finite goals.

The study also explored the strengths and weakness of Solution-focused Brief Therapy and discovered that SFBT is a positive and hopeful approach to change. Similar to Snyder's psychology of hope, SFBT is associated with self-generating goals that create a sense of hopefulness. It also facilitates a person's attempts in making changes toward future desired outcomes.

Hope is an important component in SFBT practice. There is some merit to the usefulness of its future-oriented questions and its focus on desired outcomes. In this case, SFBT is able to generate positive hope and change. The study also found that SFBT's concept of hope is often referred to in general terms as contributing to positive change. However, like the other models previously studied, it views hope as self-generating. On this basis, SFBT is very similar to Snyder's psychology of hope in that it is primarily associated with self-generating goals. With this approach, a sense of hopefulness is

created within a present time frame only. In the end, its outcomes are not embedded in any sort of transcendent truth.

Uniquely different from the other approaches, Solution Focused Pastoral Counseling was the most integrated. This model revealed a clear integration of both scientific (positive psychology), subjective human experience, and biblical approaches to hope. It revealed how the process of dealing with hopelessness must at one point re-ascribe meaning and purpose with the use of scripture. Of the three models studied it was most closely aligned to the scriptures, making it the only approach that sufficiently dealt with the fostering of finite hope.

One primary negative of SFPC's approach in its potential to generate hope was its failure to consider suffering as a possible and sometimes needed practical tool for increasing levels of hope. Kollar's model seems to imply that hopefulness is achieved primarily through healing by the Holy Spirit's work in the believer. Scripture, on the other hand, contends that hope is often attained through acts of suffering, trials, patience, and perseverance (Ps 52:9; Jn 16:33; Rom. 5:3-5; 2 Thes 2:16-17).

Findings showed that each model contributed either to a finite or ultimate hope in their conceptual approach to change. Out of the four models reviewed in the study, Solution-focused Pastoral Counseling is the best-aligned model of change because of its use of the scriptures and consideration of an ontological view of hope.

The Adult Hope Scale Results

As mentioned in the previous chapter, Snyder theorizes that levels of hope are determined primarily by two components in goal attainment: (1) agency (goal-directed determination) and (2) pathways (planning of ways to meet goals). Moreover, he argues

that a successful goal attainment cannot be achieved if one or the other components is missing:

To sustain movement toward the goals in one's life, we would argue that both the sense of agency and the sense of pathways must become operative. That is, both agency and pathways are necessary, but neither is sufficient to define hope. Furthermore, hope does not merely involve a single iteration in which a person first assess agency and then proceeds to an analysis of available pathways, thereafter eliciting goal-directed behaviors. Nor does one pathways analysis unleash the agency to eventuate in goal-directed behavior. Rather, agency/pathways and pathways/agency iterations continue throughout all stages of goal-directed behavior, as such, hope reflects the cumulative level of perceived agency and pathways.¹

The purpose for the survey was to acquire a general baseline level reading of hope from Veterans. Each question was given a numeric value from the 4-pt. scale was given a numeric value. For example Veteran B3952 scored:

Will Pts.	Ways Pts.
Question 1=3	Question 1=4
Question 2=3	Question 2=3
Question 3=3	Question 3=3
Question 4=3	Question 4=3
Total 12	Total 13

Pre and Post scores were added together:

Pre	Post
Agency=11	Agency=12
Pathway=13	Pathway=14
Total=24	Total=26

¹ Charles Snyder, et al., "The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope," *Journal of Personality and Social Psychology* 60, (1991): 571.

The pre and post scores were then compared that indicated a negative (-), no difference (0), or a positive (+) outcome. In this example the difference between the veteran's pre and post score was +2:

$$\begin{array}{l} \text{Pre}=24 \\ \text{Post}=26 \end{array} \} +2$$

This same process was done for each twelve veterans. Then each veteran's total pre and post scores were compared in order to show any changes in hope levels. Final results showed that 9 out of 12 veteran's scores increased in their hope level after having used the Appreciative Inquiry curriculum and the 4-D Cycle of Change. The average group score increased by 1.58, which can be attributed to the positive affect of AI. The total Pre and Post Scores for all twelve veterans are as shown:

Veteran	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
	+2	-2	0 No Change	+2	+3	+6	+2	0 No Change	+2	+2	+1	+1

The capacity to bring about hope requires both functions (will and ways) to be able to work reciprocally. Exploring the various reasons as to why some veterans scored lower than others is beyond the scope of this study. Rather, it was in the extremes between the scores that proved more interesting. Each of the 12 veterans surveyed completed the AHS and could score a possible amount of 16 points on both components. The results were as follows:

Table 7. Hope Scale Scores

Pre-Test Scores

Veteran	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
Agency (Will)	11	15	12	12	05	12	07	14	13	10	10	14
Pathway (Ways)	13	16	11	12	06	09	12	13	11	10	10	13
Overall	24	29	23	23	13	23	27	24	25	21	21	28
Average-Agency	12.2											
Average-Pathway	12.4											

Post-Test Scores

Veteran	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12
Agency	12	14	11	14	08	11	15	12	12	11	11	14
Pathway	14	15	12	12	07	11	13	13	14	11	10	14
Overall	26	29	23	26	15	22	28	25	26	22	21	28
Average-Agency	13.2											
Average-Pathway	13.3											

Using the AHS for this project was twofold: (1) introduce the concept of hope as a psychological factor consisting of personal constructs (schemata) used in the process of hope making (Agency and Pathways) and (2) that those schemata are connected to matters of faith. It was these hopeful schemata combined with purpose that believed could eventually help veterans move forward into a preferred future of hopefulness.

The Experience of Hope: An Autobiographical History

This instrument attempted to get veterans begin thinking about hope from their past personal experiences prior to their military enlistment. It was assumed that many of them would express hopeless experiences rather than hopeful ones. This was the case. Only three out of the twelve veterans expressed hopeful experiences when asked, “What incidents made you more hopeful?” Interestingly, their scores on the AHS survey were the highest scores recorded of the group in this assessment.

Survey responses are summarized below under a “code” or category that describes a form of hopelessness for each of the veterans. These categories of coding are associated with Scioli and Biller’s nine types of hopelessness. Doing this served two purposes: (1) it allowed to attach some kind of definition to a veteran’s state of hopelessness and (2) attempted to correlate that defined state with responses given in the other measurement tools used. How the veterans were matched with their hope type was based primarily on their responses from the Experience of Hope Survey and Semi-structured Interview. A brief definition of the nine types of hopelessness is provided below:²

1. Forsakenness/Nurtured: Being forsaken can be associated with abandonment. An example of this can be found in Job’s story found in the Bible. He experienced feelings of despair believing that God had abandoned him.
2. Helplessness/Security: People feel exposed and vulnerable to a world they can no longer trust. It is repeated trauma that comes from uncontrolled stressors leaves a person feeling helpless and stuck, desiring to isolate themselves from others.

² Anthony Scioli and Henry B. Biller, *Hope in the Age of Anxiety: A Guide to Understanding and Strengthening Our Most Important Virtue* (Oxford: Oxford University Press, 2009), 250-279.

3. Powerlessness/Empowerment: Feeling incapable to navigate through life because the person does not understand or believe their story and fails to embrace it.
4. Alienation: This can be seen as a form of shame in that a person no longer feels self worth or important within relationships or community at large.
5. Uninspired: People who are uninspired believe they are somewhat different than most people. This can be caused by cultural, racial, ethnic, or economic status, which may cause people to feel underprivileged and a minority.
6. Oppression: These are people who have been dominated by others either within a cultural or family hierarchy causing them to feel subjugated or pressed down. Slaves in our American history felt oppressed.
7. Doom: Individuals who feel doomed believe that too many negative events in their lives have caused them to feel trapped. They have repeatedly tried to reverse their state in life only to fail time and time again. People with this feeling convince themselves that life is not worth it and they just want to call it quits. People who are suicidal can be thought of as having feelings of doom.
8. Limitedness: This type of hopelessness is experienced when people have unsuccessfully mastered certain disabilities, for instance, physical handicap or certain underprivileged racial groups. They feel deficient in some way believing they lack what it takes to be successful.
9. Captivity: This type of hopelessness takes on two forms. The first consists of an emotional sense of entrapment when a person feels they are held captive in a co-dependent relationship, for instance. The other has to do with more of a physical sense of captivity such as the feelings an inmate in prison would experience.

Three out the twelve veterans who expressed the greatest levels of hope were intentionally coded as the opposite of their given type of hopelessness. This was done because they simply did not have a hopeless story to warrant a particular type of hopelessness. In these instances *nurtured* was coded as the opposite of *forsakenness*, *security* was coded as the opposite of *helplessness*, and *empowerment* was coded as the opposite of *powerlessness*.

Their narratives along with the other types of hopelessness assigned to each veteran from the group are summarized in the table below. The first column identifies the code number associated with the type of hopelessness that is found in the second column, and the last column contains the type of hopelessness identified with the veteran(s). How each veteran came to be identified with their type of hopelessness was based on the data collected from the Experience of Hope Survey.

Table 8. Coded Types of Hopelessness

Code #	Type of Hopelessness	Veteran #
1	Forsakenness/Nurtured	2
2	Helplessness/Security	12
3	Powerlessness/Empowerment	7
4	Alienation	1
5	Uninspired	3
6	Oppression	4, 8, 9
7	Doom	5, 11
8	Limitedness	10
9	Captivity	6

Code 1: Forsakenness/Nurtured (veteran #2)

This veterans' hopeful experience was that of a mother who often assumed the dual role of nurturer and provider. The father was an alcoholic and paid little to no attention to him, often absent from home. He recalls how she demonstrated her love for him in so many different ways that he always hoped that someday he would marry someone just like her. Knowing that she cared and loved him unconditionally gave him hope to accomplish many things in the future.

Code 2: Helplessness/Security (veteran #12)

For this veteran, his only hopeful memory was of a pastor who visited them every Sunday after church services. He would provide the family with their only meal from the leftovers of a "pot-luck" dinner held at church that day. The pastor's kindness and compassion gave the veteran a sense of security and love that, at least temporarily, dampened his despair.

Code 3: Powerlessness/Empowerment (veteran #7)

Another veteran who grew up in a terribly dysfunctional home remembers joining the military as a way of escaping his father's physical abuse. He said that the Army "saved his life" and provided opportunities for a hopeful future. One day in his late teens he recalls having to make a life or death decision. He felt he had one of two choices; either become a member of a local gang in Baltimore city, MD or enlist into the military. He chose to walk a block to the nearest Army Recruiter's Office.

He had been a high school dropout and currently jobless. He remembers feeling incapable of finding his way toward any desired goal. He felt so powerless to change his

circumstances. It was when he entered the recruiter's office that he remembers experiencing a sense of empowerment, in his words "it was like being born again."

On the other hand the stories of the remaining nine veterans were less hopeful. When asked the question, "What experiences can you recall took hope from you?" they expressed stronger stories of helplessness than the three previous veterans. This group represented a number of types of hopelessness stories, which were coded: oppression, uninspired, powerlessness, alienation, doom (survival), and limitedness. Interestingly, their stories correlated with their low scores on the AHS. They are as follows:

Code 4: Alienation (veteran #1)

This veteran believed that he was somehow different from many of the others in the group. He was imprisoned shortly after his release from military service. Having spent a number of years in confinement he recalls that his darkest days were those spent in an isolation ward of the confinement facility. Feelings of hopelessness set in over time and he no longer felt worthy of anyone's love, care, or support. His alienation caused him to close himself off from others, in turn, creating further pains of rejection and alienation. This type of hopelessness is similar to that of captivity. Their primary difference is that this type is more emotional in nature than physical.

Code 5: Uninspired (veteran #3)

This type of hopelessness primarily describes a person who feels underprivileged because of their minority status. Opportunities of growth and healthy role models are often lacking and can be seen as undervalued. This veteran scored low in hope during his early childhood. He remembers always having to fight with other siblings for his father's

attention. With little to no success he now finds it difficult making personal decisions as an adult. He claims that it is difficult to make decisions on his own.

This veteran feels stripped from many physical and emotional things. It has left him with a sense that life is something he must now figure out on his own. For years he has rationalized that God is not intimate, nor is he revelatory. On the other hand, after having begun his recovery he feels that his hopelessness has taken a positive turn. He claims that he is more hopeful now to see and understand love and what that means despite not having experienced it from his father. Slowly, this veteran is learning to pick up the pieces trying to experience growth through newly acquired personal strengths.

Code 6: Oppression (veterans #4, #8, and #9)

Although each one of these veterans has experienced hopelessness differently they share the same hope type. Oppressed hope according to Scioli and Biller is when a person feels a sense of being “crushed” or “flattened.” Each felt subjugated or defeated at something they thought was an entitlement in life.

One veteran, for instance was brought up in an African-American community oppressed by a predominately Caucasian culture. He thought that by joining the military he would leave his oppressed world behind and begin anew. It would be a way to reclaim his identity and stature. Unfortunately his military experience was filled with much of the same oppressive treatment serving under leaders who were not only Caucasian but also racist.

The veteran served honorably as a leader throughout his military career. He is also African-American but unlike the first veteran his own father generated his oppression not the military. From his earliest memories he recalls how his dad repeatedly call him a

“good for nothing and that he would grow up to be nothing.” He also remembers feeling crushed by his in-laws who never accepted his bi-racial marriage and reminded him that it was just plain wrong. The marriage lasted only three years ending up in divorce.

The last veteran lost a cousin to cocaine overdose. He remembers praying to God to turn the situation around and bring healing into her life. God did not answer his prayers and despite his overall positive view of God he felt as though God ignored him and his prayers. He interpreted God’s ignorance as disapproval. At that point he joined the military as a way to start over and within a year while deployed overseas his wife wrote him a Dear Jane letter and proceeded to file for divorce. Several months later upon his return they were divorced and he lost his children.

Code 7: Doom (Survival) (veterans #6, #10)

This type of hope is a form of despair where people feel trapped because of life’s hardships.³ They have no idea how to overcome their illness and consistent failures. Two veterans seemed to fit this type of hope. The first remembers experiencing this form of despair from years of drug addiction. His constant relapses convinced him to commit suicide but fortunately failed at the attempt. After that incident he sought help from the VA and remained clean for a number of years until one day he was arrested for robbing a liquor store. The veteran was sentenced one and a half years of imprisonment.

After prison the veteran was excited to start life over but it did not take long before his cravings returned and he began to use drugs again. He recalls how he could not stop the negative self-talk that seemed to eat away at his spirit. When the cruel and mental punishment became too over whelming he decided to take his life again. This time

³ Scioli and Henry B. Biller, *Hope in the Age of Anxiety*, 254.

his injuries landed him in the hospital. He sunk to an all-time low of hopeless despair just waiting to die.

The second veteran also spent years in an addictive life style as well as imprisonment. However, his despair was more related to sexual abuse. After having been raped as a child by an uncle and again as an adult in the military he lived out an addictive lifestyle with cocaine. Although Scioli and Biller associate doom as a serious life-threatening illness that causes physical feelings of entrapment, it was more of a spiritual entrapment experienced by this veteran. Feelings from this experienced led the veteran to an overwhelming sense of despair. As much as he wanted to place his faith in God he viewed God as often aloof, unconcerned, and unpredictable. He felt as though he was “trapped in a fog of irreversible decline.”⁴

Code 8: Limitedness (veteran #5)

This veteran spent most of his adolescent and young adult years in poverty. His father was an alcoholic and spent several years in prison. After imprisonment his family struggled with making ends meet financially, unable to pay rent, that finally led to his parents divorce. He remembers his parents using drugs and alcohol and blames them for his adult addictions.

The effects of his upbringing, especially being brought up poor, negatively affected his schooling barely finishing high school by receiving special tutoring his senior year. Feeling limited and failing at several jobs the veteran eventually applied to the military and was accepted.

These were the incidents that took hope from this veteran, a type of hopelessness that affects people’s mastery of their skill sets and over life in general. Looking back at

⁴ Scioli and Henry B. Biller, *Hope in the Age of Anxiety*, 254.

the three incidents that took hope from him, constant relocation, drugs and alcohol, and his parent's divorce, he feels that his entire life has been one of survival without very little thriving. Fortunately, his marriage and children are incidents that have given him hope despite of his past.

Code 9: Captivity (veteran #11)

Aside from traumatic events experienced in Iraq this veteran has imprisoned himself by his own negative view of himself. The constant relocation of growing up in a military family caused him to never make friends. Knowing that the military would move his dad every three years he refused to make friends in grade school because it was too painful to say goodbye to them upon their leaving. His avoidance somehow created a type of hopelessness that made him feel like an outcast, someone that did not belong. Although self inflicted this veteran continues to struggle with this "self imprisonment" by wanting to revisit the past and correcting it somehow. He feels as though he has lost an important perspective on building relationships, something he fails at even today. He considers his failed relationships as the cause to his trauma and struggles with recovery.

The View of God Assessment

This assessment was primarily used to view possible correlations between a veteran's view of God and their level of hope. The assumption is that one's positive or negative views of God may influence hope levels.⁵ With several of the participants this proved to be the case. However, for a majority of them it was not. Results did show some correlation between a veteran's view of God and their hope levels as recorded in the AHS.

⁵ H. Norman Wright, *Tomorrow Can Be Different* (Grand Rapids, MI: Fleming H. Revell, 1995), 53.

Veterans were asked to assess 10 pairs of contrasting traits on a scale of “never to always” in answer to the question, “To what degree do I feel that God is like this toward me? Each of the paired traits is shown below with its resulting score for each possible answer to choose from: never, rarely, sometimes, often, and always. The bold numbers within the tables simply indicate polarities of high and low scores. These numbers helped to develop the descriptive narrative (observation) for each pairing.

Pairing #1	Never	Rarely	Sometimes	Often	Always
Gentle		2	2	4	4
Harsh	3		5	4	

Observation: Veterans viewed God as being gentle a majority of the time yet found him to be harsh for the most part. Typically the act of gentleness can be uplifting and the attack of harshness most often demoralizing. Veterans who viewed God as sometimes and often harsh grew up in the projects of south Baltimore. Two of them received a less than honorable discharge from the military. These same two veterans also grew up without parents relying on a grandmother or aunt to assume the role of nurturing.

It could be that these two veterans lacked what psychologists in mental health care refer to as “social referencing.” By this, they mean that during adolescence young adults begin to gauge their social surroundings based on the actions of their parents or caretakers. This somehow minimizes separation anxiety during engagements with society. Receiving less than adequate nurture may stifle self-empowerment and over time create a sense of hopelessness.

One of the theoretical strengths of AI is the Poetic Principle, which reminds individuals that their story is constantly being revised and coauthored. The struggle to

self-empower oneself could be considered a state of hopelessness. The choice of inquiry allows individuals to focus on positive rather than negative past experiences. Moreover, it provides them with the opportunity to imagine what could be in the future. As a change agent AI's approach to self-empowerment is ideal in that it combines *choice* and *vision*, two elements needed in creating hopefulness.

Pairing #2	Never	Rarely	Sometimes	Often	Always
Loving			2	2	8
Aloof	6	2	1	3	

Observation: veterans viewed God as being aloof (distant) and predominantly loving (intimate). Hope tends to offset feeling of separateness in the soul. The need for a common purpose and the sharing of common values is indicative of healthy hope. God's intimacy and availability can be seen as ways of building trust and openness that leads to the development of hope.

One of the unexpected responses in this pairing was that a majority of veterans viewed "God is never aloof." All six veterans who responded this way have been diagnosed with PTSD and one of the major symptoms of PTSD is a reduced sense of trusting others, to include God. This is contradictory to their diagnoses and little sense was made of the data. The fact that a majority of the veterans viewed God as always loving may explain why they thought God was not aloof—because he is *available*. Hope conveys availability and access.

Interestingly two of the participants who indicated also indicated that God is sometimes loving and often aloof also showed low levels of hope in the AHS. For these veterans their sense of separateness can bring about anxiety, which often leads to

maladaptive ways of coping, such as the abuse of alcohol or drugs. It is not surprising then that these same two participants were also diagnosed with substance abuse—their way of trying to cope with their feelings of God’s indifference towards them.

Pairing #3	Never	Rarely	Sometimes	Often	Always
Sympathetic		1	2	5	4
Unconcerned	6	2		3	1

Observation: Veterans viewed God primarily as never unconcerned and often sympathetic. Again, these scores were unexpected, as one would assume that veterans, especially older veterans, would view God as mostly unconcerned and not overly sympathetic in the recovery process. This was not the case. It could be that most of the participants viewed God as sympathetic and concerned because both terms have something to do with “listening.” God is concerned because He listens well and values a veteran’s lived experience even when those experiences have led to recovery. Listening is hopeful, especially when it is God who does the listening.

Two of the veterans who viewed God as ‘never’ being unconcerned, but instead someone who cared about them connected the Discover Phase of the 4-D Cycle with hope. It allowed them to enter into a process of self-discovery. It was the idea of inquiring into what they and God believed that gave them a sense of being able to confidently move into the future. They realized that in order for them to dream about the future they must first find their mission of life embedded somewhere in God’s story.

The one veteran who viewed God as rarely sympathetic and always unconcerned was a Vietnam veteran. He had experienced unimaginable carnage in the war. He relayed to me stories of the gloom and doom of death that were lacking of honor and purpose. For

him, God was an absent leader on the battlefield during those days of combat. His sense of nihilism was overwhelming which spilled over to his lack of faith and distrust in God. Hope making for this veteran will be more difficult, due largely to his inability of overcoming a sense of victimization but also because of his inability to trust in a God that does not show up.

Pairing #4	Never	Rarely	Sometimes	Often	Always
Close		1	2	3	5
Distant	4	1	3	1	1

Observation: Veterans viewed God for the most part as never distant and always close.

Two participants chose not to answer for reasons unknown. Only one participant viewed God as rarely close and always distant. A typical form of recovery requires that veterans discover untapped strengths from their past. Veterans who viewed God as always close and never distant are in the process of reconstructing a new sense of self. It is a deep search for identity and authenticity. As they look around their surroundings they often see a reflection of themselves because like them, other veterans are longing for identity, asking themselves, “Who am I?”

The veteran who viewed God as rarely close and always distant was diagnosed with Post Traumatic Stress Disorder (PTSD). Interestingly, this veteran was assigned to the special forces of an airborne unit during Operation Freedom. In every way he was an individualist who believed that his own strength, his own courage, and his own intellect came from his own spirit. He was his own “captain of his ship.” How he came to believe this about himself is unclear. The perception that God is distant and not close can mean that there are unhealthy signs of trust in others and possibly with God.

A communal mindset is typically practiced in the last phase of the 4-D Cycle where people are challenged to put into practice what they have learned so far. It is participatory in that it considers others and not only self. A communal mindset is about sharing one's own vision with the vision of others within relationships.

Pairing #5	Never	Rarely	Sometimes	Often	Always
Kind	1		1	5	4
Angry	2	3	5	1	

Observation: Veterans viewed God predominately kind and sometimes angry. These scores were not surprising. The fact the God is kind makes sense. Kindness can also be thought of as compassion. God is perceived as someone who communicates a sense of empathy and who demonstrates compassion. This is especially true for those who have had a history of healthy nurturing from someone significant, such as a mother or teacher. The nine veterans who viewed God as often to always kind came from such an environment.

The veteran who viewed God as never kind and often angry grew up with an alcoholic father who verbally and physically abused him as a child and throughout his adolescent years. For this veteran God's kindness may have been distorted by his father's anger and violence. Kindness was not fully present, if it all. Only by proxy can he project a hopeful future. In this case the 4-D Cycle could be used to focus the veteran in re-discovering kindness by asking the question, "What gives Life?" (Discover Phase). By evoking positive images that could lead to positive actions, kindness could be seen as a conduit to hope making.

Pairing #6	Never	Rarely	Sometimes	Often	Always
Supportive		1	1	4	5
Demanding	3	2	1	4	1

Observation: Most veterans in this pairing viewed God predominately supportive, yet half of them viewed him as demanding while the other half did not. By drawing on God's support veterans are also in a process of building trust into that relationship. This is especially of benefit during times of crisis and anxiety. They tend to see their relationship as a mutual one where each party gives and takes. Conversely, veterans who viewed God as often and always demanding may view their relationship as one sided—God always taking and always giving. Unfortunately for the veteran, the ability to rebound to a normal state is more difficult in this kind of relationship. For them, coping resorts to more of an emotional survival rather than one of faith and trust.

There are a number of possible reasons why this group of veterans viewed God as demanding. Blaming God and resisting to forgive him for why they suffer is a common one. Trauma victims in general have a tendency to blame someone or something for why they are the way they are. They feel victimized. When wronged, many of them harbor feelings of anger or bitterness towards God that often results in spiritual alienation.⁶ It is normally this type of maladaptive coping that manifests itself into anxiety and stress. This state of alienation towards God negatively effects hope making.

⁶ The theme of alienation and reconciliation is a significant theme in veteran recovery. The scriptures contain a number of stories and events that serve to understand man's separation from God and God's hope for reconciliation of mankind. There are too many to list here but some of the most powerful examples of God's faithfulness as acts of relational reconciliation found in scripture are: Adam and Eve; Jacob and Esau; Joseph to his brothers; Esther and king Ahasuerus; Hosea to his wife; Isaiah's proclamation of unity; Jesus and mankind; Acts of the Apostles and reconciliation of communities; reconciliation and a prophetic call to social justice as seen in 2 Corinthians and Galatians 3:28; and in Revelation's prophecy of all tribes and nation being one together.

Pairing #7	Never	Rarely	Sometimes	Often	Always
Gracious			2	6	4
Disciplines	1	1	4	4	

Observation: In this pairing veterans viewed God as most often and always as gracious. They equally viewed him as a disciplinarian. Suffice to say, the observations here mirror those of the previous category. It is worth mentioning, however, that three of the four veterans who viewed God as someone who disciplines also referred to him as a “controlling God.” Again, the same process of “give and take” can be seen at work in the relationship as was discussed in the previous pairing. In regards to personal responsibility the mention of God as controlling brings up an interesting theme in the recovery process as it relates to hope.

As part of the recovery process mental health providers often refer to veterans as having to “assume control.” By this they mean that at some point a veteran in recovery must assume responsibility for their recovery. Whether it is assuming responsibility over some of the specifics of their treatment or simply making choices on their own, they need to assume control of their recovery in order to thrive. Resuming responsibility is not as easy as it seems in recovery. In fact, it is extremely difficult for many veterans.

Underlying all of the mental and physical aspects of why it is so difficult to assume control one must consider the essential element of spiritual hope. Without it, feelings of helplessness, fear, anxiety, and alienation work against the mastery of having personal control at any level. Gaining control by mastering a set of psychotherapeutic skills or by simple human effort is not enough.

The ability to gain control in a context of hopeful recovery should take ‘faith’ into consideration. That is why the Apostle Paul wrote, “Faith is the assurance of things hoped for, a belief in things unseen” (Heb 11:1). It is faith that gives control not only to reach some destination in the recovery process but rather a way of providing a deeper sense of hope within. This “hope within” is what ultimately moves the trauma victim from out of a place of being stuck unto a path of confident hope into the future.

Pairing #8	Never	Rarely	Sometimes	Often	Always
Ignores me	3	2	3	2	
Rejoices over me			6	5	

Observation: Two veterans did not answer the first category “ignores me” and one veteran did not answer the second category “rejoices over me.” Those who did answer the first category were split in their views. Half of them viewed God as ignoring them and the other half did not. In regards to the second category the scores indicated that God was viewed to rejoice over the veteran sometimes and often.

The positive scores indicating that God rejoices over me were unexpected. The recovery process is typically a challenging, desperate attempt to regain some sense of normalcy. Mental and spiritual anguish are constant bedfellows during the process. To view God as rejoicing over me seems difficult to comprehend. God may be viewed as gracious, merciful, kind, loving, etc. but rarely do most veterans in recovery speak of this attribute. Rejoicing connotes celebratory enthusiasm, conjuring images of dancing and laughing. Generally speaking, it is difficult to understand how this kind of God exists in the mind and hearts of veterans when so much is at risk and hopefulness is at a premium.

Pairing #9	Never	Rarely	Sometimes	Often	Always
Consistent		1	3	1	6
Unpredictable	1	2	3	3	2

Observation: Scores in this pairing indicated that veterans viewed God as predominately consistent. Only four veterans viewed God as rarely or sometimes consistent. On the other hand, veterans were somewhat split on viewing God as predictable. Five veterans viewed him as often and always predictable and six from the group viewed God as either never, rarely, and sometimes unpredictable. One veteran from the group chose not to answer either category from the pairing.

Veterans who viewed God as rarely or sometimes consistent also maintained that he is often and always unpredictable. It can be assumed that veterans who view God as inconsistent and unpredictable also have a greater struggle with their own hope-restoring strategies. A possible reason for this could be the need for hope to be transcendent. The assurance of hope should take on an intrinsic faith in an immutable entity, such as God. If that entity cannot be trusted then hope-restoring strategies will become labored and minimized at some level.

However, when transcended hope is anchored in the immutability of God the process of change will likely flourish. The immutability of God is an appreciative value in that it sustains people during times of deep spiritual change experienced in the recovery process. It also assures individuals of the role God plays when everything around them screams uncertainty. Moreover, God's unchanging nature gives veterans in recovery a sense of peace, knowing that he can be trusted, relying on him to be an entity that will not suddenly stop loving his creation (Exodus 3:14; Hebrews 13:8).

Pairing #10	Never	Rarely	Sometimes	Often	Always
Just		1	1	2	7
Unfair	4	4	2	1	

Observation: In this pairing, most veterans viewed God as often and always just in his nature. Likewise, they found him either rarely or never unfair. This pairing, among all the others, finds itself at the heart of the “suffering” aspect in recovery. Surprisingly, these scores were opposite of what was expected. In general, because most veterans in recovery are unable to understand their suffering they default to blaming God for their misery and state of hopelessness. They feel undeserving of God’s wrath.

Feelings of the undeserving wrath or punishment of God can be viewed as a form of forsakenness (Psalm 22), which veterans typically point to Job as an example of their hopelessness. However, that is not what the scores in this pairing showed. They showed just the opposite, except for the one exception where the veteran found God to be unjust and unfair most of the time. In his case, relational-separation from God was created and his source of hope was founded in a non-spiritual representative such as a friend.

This veteran is more than likely experiencing a sense of powerlessness resulting in a breakdown of mastery. Typically, this is what keeps many veterans in a state of feeling victimized. Overcoming feelings of victimization requires a hope strategy that should contain ways to feel empowered. This helps in goal achievement. An empowering relationship instills a sense of hardiness in people that will over time lead to greater levels of spiritual thriving.

Semi-Structured Interviews

Semi-structured interviews were conducted with veterans approximately one week after the View of God Assessment was collected. Each interview lasted anywhere from fifteen to forty-five minutes. Participants were asked three questions:

1. “What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”
2. “How has the 4-D cycle made a difference in your recovery and why?”
3. “What do you think caused this change?”

In regards to the transcript format below the “I” is used to represent Interviewer and “R” for Respondent. The transcript is not a literal word for word or verbatim account of the interview conversation. Rather, it is a brief summary of the veteran’s answers to each of the questions. This was intentional so as to capture the main points of their response and bring clarity to the analysis. Lastly, each veteran interview transcript is sequentially ranked from 1-12 followed by the compilation of scores collected from each of their other assessments and surveys.

Veteran #1 (Hope Type=Alienation; AHS= Pre/24 and Post/27 (difference +3);

Experience of Hope Survey=12; View of God Assessment=(+)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”

R: “I’m beginning to understand the concept but it seems I need more time to use it. I think that six weeks is not enough time to become used to the theory.”

I: “How has the 4-D cycle made a difference in your recovery and why?”

R: "I like the cycle. It keeps me on track as what to do next. I especially think that the narrative

(Phase 1-Discover) is important because my story is important. Telling your story is a huge emphasis in Alcoholics Anonymous and the Twelve Step Program of Recovery.

I: "What do you think caused this change?"

R: "I really don't know. I like the idea that there is something in my past, something of me that the Discover phase can focus on. I think it's important to take some of that and use it somehow for the present and the future of my therapy. Maybe there's hope after all?"

Veteran #2 (Hope Type=Nurtured; AHS= Pre/29 and Post/31 (difference +2); Experience of Hope Survey=15; View of God Assessment=(Strong +)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?"

R: I think that AI makes a point of looking at your past, your story. When I do this I can get in touch with my story of who I am. This helps with my identity.

I: "How has the 4-D cycle made a difference in your recovery and why?"

R: "I got very excited about the dream phase because it forced me to think about my unique qualities, the ones, that have value. I think you're right in saying that my images of the future will somehow create my reality."

I: "What do you think caused this change?"

A: "It allowed me to dream and imagine the possibilities of new interests I could share with my family after recovery."

Veteran #3 (Hope Type=Uninspired; AHS= Pre/23 and Post/24 (difference +1);

Experience of Hope Survey=10; View of God Assessment=(split view)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?"

R: "Something you said about reality and identity are co-created. I want the reality of my faith to speak to my identity somehow. This is more hopeful than looking at your problem."

I: "How has the 4-D cycle made a difference in your recovery and why?"

R: "I like it. It's very simple to understand. I like steps/phases. I think the discover phase is the most important because it got me curious of who I was before the trauma. With the other therapies they focus too much on the problems."

I: "What do you think caused this change?"

R: "When I reflected on the difference between what I wanted and what my core strength (the Bible) wanted I got excited about following God harder."

Veteran #4 (Hope Type=Oppression; AHS= Pre/23 and Post/24 (difference +1);

Experience of Hope Survey=12; View of God Assessment=(+)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?"

R: "I looked at the model as kind of a conflict-resolution of my soul. It helped me to seek out the positive."

I: "How has the 4-D cycle made a difference in your recovery and why?"

R: "It made me notice the opportunities for connecting with possibilities I could imagine. It gave me hope to try to make those possibilities come true."

I: “What do you think caused this change?”

R: “I think it helped me to find out what works in my life. The model is simple to understand. You’re not stuck with using just one tool. If one doesn’t work then you can use another one. It helped me to convert my problem in a positive way.”

Veteran #5 (Hope Type=Doom (Survival); AHS= Pre/13 and Post/13 (no difference); Experience of Hope Survey=9; View of God Assessment=(strong -)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”

R: “ I like the fact that there is a “solution” resident in my past. As you have said, it is in the narrative of my life. I know that I am not a complete waste. It’s good to know that there is something still alive in me reminding me of what I believe to be true.

I: “How has the 4-D cycle made a difference in your recovery and why?”

R: “We’ll it puts everything into motion. I guess if you didn’t have some kind of a “system” you could not really map out your recovery plan. It helps to have phases or steps.”

I: “What do you think caused this change?”

R: “I liked the part you mentioned about how the Appreciative Inquiry approach uses positive language instead of negative language that a problem-focused approach tends to use. I don’t like thinking of myself as something that needs to be fixed like a car or something. Like you said, people need to be nurtured and loved.”

Veteran #6 (Hope Type=Uninspired; AHS= Pre/23 and Post/24 (difference +1); Experience of Hope Survey=10; View of God Assessment=(-)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?"

R: "I like how the approach focuses on the solution instead of the problem. It seems to me that it tries to find what works, and do more of it and stop doing what doesn't work, and doing less of that."

I: "How has the 4-D cycle made a difference in your recovery and why?"

R: I like it because it helped me to see the steps I needed to use in my recovery. It was simple to follow. This helped me to stay motivated and begin to affirm the positive. This helped my self esteem too."

I: "What do you think caused this change?"

R: "I think that overall it was a good and simple strategy that helped me to identify the best in me and what I could do with it. Just like the best of me is Jesus and the Bible tells me how to best glorify him through me to others."

Veteran #7 (Hope Type=Empowerment; AHS= Pre/27 and Post/25 (difference -2);

Experience of Hope Survey=12; View of God Assessment=(strong +)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?"

R: "I really struggle with my trauma and this way of thinking helped me to see the good and not the bad stuff. It forced me to be selective and helping me choose what is the best part of me and to appreciate that part of me instead of the bad things I find easy to think about."

I: "How has the 4-D cycle made a difference in your recovery and why?"

R: I like the dream stage because it forces me to imagine what could happen. I like the idea you mentioned that I can co-create reality through my language, my thoughts, my beliefs, and values.”

I: “What do you think caused this change?”

R: “There are so many good things about it. I think that the thing you talked about in the group that “what we focus on is our reality” is kind of what did it for me. If I’m focusing on the bad things then that’s what I’m going to get—bad things! There is no hope in that!”

Veteran #8 (Hope Type=Oppression; AHS= Pre/24 and Post/26 (difference +1);

Experience of Hope Survey=10; View of God Assessment=(+)

I: “What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”

R: “The Appreciative approach is different than the problem focused approach. What you were teaching helps me to focus on a future I want with my strengths instead of my weaknesses. When I focused on my strengths it gave me more passion to strive for the future.”

I: “How has the 4-D cycle made a difference in your recovery and why?”

R: I really can’t say, but it seemed to be a helpful tool that forced me to look at a plan for my recovery. I think this gave me more consistency and something to aim at. I like how it [model] showed paralleled the recovery language (i.e. discover phase for victimization, dream and design for maintaining, and destiny for thriving).”

I: “What do you think caused this change?”

R: “Well, I think the big thing was that it focused on what worked in the past instead of what didn’t work in the past. I mean, that if I want to be stronger in my recovery and get better then I should focus on what I believed worked in the past and something that I still believe in now so that I can move into the future with some confidence.”

Veteran #9 (Hope Type=Oppression; AHS= Pre/25 and Post/24 (difference -1);
Experience of Hope Survey=11; View of God Assessment=(split view)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”

R: “I’m just beginning to get it. What I like the most about it so far is that it focuses on the good and when I feel the good it makes me want to do more good.”

I: “How has the 4-D cycle made a difference in your recovery and why?”

R: “I don’t know what it is about the process but it helped me to focus on possibilities instead of the problems I have. This gave me a new sense of hope and motivation.”

I: “What do you think caused this change?”

R: “Maybe it was the first phase where it made me to reflect on what true freedom really means. As you have said in the past, if you are separated from the truth you will struggle with reality. This made me get inner-connected somehow.”

Veteran #10 (Hope Type=Limitedness; AHS= Pre/21 and Post/21 (no difference);
Experience of Hope Survey=11; View of God Assessment=(-)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”

R: “I think for the most part it helped me focus on the positive instead of the negative. This gave me a more hopeful outlook to my recovery.”

I: “How has the 4-D cycle made a difference in your recovery and why?”

R: “I think I liked the dream phase of the model the best. It helped me to think about the future and approach my life differently. It took away some anxiety.”

I: “What do you think caused this change?”

R: “As a Christian I understand that I live in a fallen world and that there will always be problems. The model helped me to think about the positive and that God and I can make a difference.”

Veteran #11 (Hope Type=Doom (Survival); AHS= Pre/21 and Post/19 (difference -2);
Experience of Hope Survey=12; View of God Assessment=(split view)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to problem-focused approach to recovery?”

R: “I’ve always considered myself to be a negative person. I really look at things critically about others and myself. This approach has helped me to look at the positive. When you look at the positive it seems that there is more hope.”

I: “How has the 4-D cycle made a difference in your recovery and why?”

R: “I think that it helped me to change my perspective on a lot of things, especially about how I go about solving problems. It helped me to convert a problem into something that can be a potential, like a positive. Like you said, to have an eternal value is important because it will go on forever, it’s something that will last.”

I: “What do you think caused this change?”

R: “For me, I think it was the whole thing about positive, or as you called them, “eternal values.” The teaching helped me to focus on what it is that I value most about myself and about my faith. I began reading the Bible in a different way. I now look for the ways God

is blessing me instead of my trying to meet some unreachable standard or feeling like I haven't pleased God in some way."

Veteran #12 (Hope Type=Security; AHS= Pre/28 and Post/26 (difference -2); Experience of Hope Survey=14; View of God Assessment=(strong +)

I: What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?"

R: "It helped me to rethink what psychotherapy should be doing for me. I don't think it's working. I don't feel like it's freeing me up like AI. I guess it is another way to look at transformation."

I: "How has the 4-D cycle made a difference in your recovery and why?"

R: "I think that it allowed me to challenge some of my negative emotions I carry around with me." The model is very hopeful. I hope I will continue to use it after recovery.

I: "What do you think caused this change?"

R: "Instead of seeing myself as a victim of my trauma the model empowers me to make a difference in the future. I have to focus on what is positive so that I can change for the good."

Several recurring themes were identified from the collection of their responses and captured in the chart below. The first column of the chart lists the three questions asked of veterans in the interview. The second column contains their responses followed by a number in parenthesis indicating the number of veterans who gave the same answer to that question:

Table 9. Semi-Structured Interviews: Summary of Responses

Interview Questions	Responses
1. <i>“What is your impression of the Appreciative Inquiry-focused approach as compared to a problem-focused approach to recovery?”</i>	<p>Not enough time to grasp the concept</p> <p>Allows me to appreciate my past</p> <p>Ability to co-create reality</p> <p>Helps me to concentrate on the positive not negative (4)</p> <p>Appreciate the best of what is (2)</p> <p>Focuses on the solution (strengths) not the problem (weaknesses) (2)</p> <p>It’s transformative</p>
2. <i>“How has the 4-D cycle made a difference in your recovery and why?”</i>	<p>Discover phase—telling your story is important (2)</p> <p>Dream phase is important in order to imagine my future (4)</p> <p>Helps to have “steps” or “phases”</p> <p>Affirm the positive</p> <p>Design phase-helped me to plan better</p> <p>Helped me to focus on possibilities rather than problems</p> <p>Focus on the eternal value</p> <p>Challenged some of my negative emotions</p>
3. <i>“What do you think caused this change?”</i>	<p>Realizing I can take something good from the past (2)</p> <p>Allowing me to dream and imagine</p> <p>Recognizing my core strength and the good of my past (2)</p> <p>Simple to understand</p> <p>What you focus on will determine reality. Best to focus on the positive. (4)</p> <p>By identifying what is best in me</p> <p>Stop looking at myself as a victim and look towards the future</p>

Summary

The Adult Hope Study

The AHS was primarily used to inquire about the *level of hope* veterans bring to recovery in terms of their ability to confidently pursue future goals. Veterans who scored low in the category of agency would typically indicate they had a low capacity of motivation or willingness in achieving goals. Veterans who showed low scores in this category would typically view life more negatively, finding it more difficult to overcome obstacles due to lack of their imagination or energy. Equally, veterans who scored low in the category of pathways would indicate having more trouble bringing about change due to the lack of material resources or opportunities. A veteran with low means or pathways has more difficulty imagining change in the future because there are not enough resources to create change.

The Experience of Hope Survey

This survey was used as a tool to get veterans *thinking about hope* in three areas of their past: their childhood, middle, and adult years. When we consider the types of hopelessness of each participant and ask how they correlate with any of the other data, several questions were asked of each type: (1) Did any of the scores gathered from the other assessments and surveys compliment or contradict the veteran's type of hopelessness? (2) How can that information be used with AI and the 4-D Cycle? (3) What does Scripture say about it?

Using these questions to form our observation we can take veteran #1's story of incarceration, feelings of personal worthlessness, and sense of alienation as an example. This veteran was assessed as having an "alienation" type of hopelessness. Despite his

feelings of rejection from fellow inmates his score in the AHS, however, was the highest in the group. According to Snyder this veteran is likely to avoid crisis and to better cope with stressors when they are confronted.⁷ The value of the observation in this case of Alienation, or a symptom referred more often as isolation by psychotherapists in the VA, is that alienation does not have to be the cause of failed hope. By correlating this hope type with a veteran's AHS score one can begin to understand how it can serve to guide clinical chaplains in pastoral counseling.

Approaching alienation, or sometimes referred to as estrangement, can create unique opportunities in counseling hopefulness. Within a broader perspective, returning veterans from war overseas or deployments, particularly Vietnam veterans, have often experienced alienation by others upon their return to their country. Feeling alienated directly affects the self worth and human dignity of the person. They feel alienated because those in society and government for whom they went to war for defined human worth based on what a person does instead of who a person is.

Another important observation worth mentioning is how the correlation made here can help identify the root cause of hopelessness from a biblical perspective. The Bible contradicts any perspective of human worth based on what a person does. For instance, the Scriptures claim emphatically that people are made in the image of God because value placed on human beings is not based on what they do but who they are (Gen 1:27; Matt 25:40; 1 Cor 1:26). It is possible to move confidently into a preferred future if we acknowledge that God is the one orchestrating the estrangement (Job 19:13-19).

⁷ Snyder, "The Will and the Ways", 583.

Lastly, this observational approach allowed the study to view the data from an AI perspective by exploring the opposite concept of alienation, which is *reconciliation*. This veteran, for instance, found the discovery phase of the model helpful because his “story is important.” The Discover phase served as a viable link to his past by giving him opportunity of “inquiry” into positive values that stemmed from his understanding of biblical truth. In doing so, he was able to eliminate many of his feelings of alienation. A positive/eternal value linked his past with his present.

In this case, *reconciliation* trumped *alienation* and the veteran chose to live in acceptance of his values even despite his experience of alienation in prison. This observation confirms that hopefulness is attainable regardless of one’s past experiences. It confirms one of AI’s assumptions and that is “if we carry parts of the past forward, they should be what is best about the past”⁸

The View of God Assessment

This assessment was valuable in that it tried to take hope beyond an existential element and viewed it within a transcendent context—in God. For purposes of readability the study included its observations immediately following the assessment scores and not here.

Semi-Structured Interviews

Unlike the other tools of assessment the semi-structured interviews intended to focus primarily on the AI process. The interview questions collected valuable responses identifying three important themes confirming the value of AI’s 4-D Cycle as a useful tool in spiritual recovery:

⁸ Sue A. Hammond, *The Thin Book of Appreciative Inquiry*, 2nd ed. (Bend, OR: Thin Book, 1996), 20-21.

1. The importance of the good things of my past and *bringing forward what works from the past* into the future (i.e. positive or eternal values).

Several veterans considered the Discover Phase as an important part of the 4-D Cycle. They thought that the idea of focusing on what they believed to have worked well in their past was worth exploring. Veterans began to understand the importance to discover a peak experience of their spiritual past (something that went well), and identifying a core life-giving factor/value associated with that event. One veteran associated the benefit of AI to the fourth step of Alcoholics Anonymous: Made a searching and fearless moral inventory of ourselves.⁹

One of the reasons behind their response could be that AI's fundamental approach to change is different than many psychotherapeutic approaches used in their recovery. From the interviews, veterans repeatedly raised concerns over CBT in that it spent too much time trying to "fix" their problem leaving them more depressed than when they started. They said that AI, on the other hand, focused more on finding out what "worked well" rather than what did not and allowed them to look at possibilities that were not clouded with "the negatives."

Veterans also mentioned that AI motivates them to inquire about their faith, and the unity and assumptions of their past in a healthy way. One veteran actually paused in his response to one of the interview questions and stated that he was becoming tired of having to rehearse his traumatic memories associated with the past. In another breath this same veteran shared how he had come to realize when using the 4-D cycle how glad he had become reacquainted with his faith and surprised how much of it he already had.

⁹ *The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism*, Alcoholics Anonymous (Alcoholics Anonymous World Services, 2002), 38.

The responses gathered from the veteran's interviews indicated that AI is distinctly different from problem solving that purposely focuses on a desired future or outcome. They indicated that it make sense to build on strengths and values of the past and present to help bring about change. They said that this made sense to them instead of spending a lot of time trying to figure out the root problem of their disorder.

Knowing that CBT advocates a 'fix it' approach to problems in psychotherapy, veterans admitted that AI does not ignore problems but that it recognizes them as a desire for something else. Although the constructionist view was never discussed or taught, this is what they were saying. According to the Constructionist Principle of AI, realities are constructed from previous experiences that shape social reality. Through group experiences veterans were constantly challenged to think of what changes they could make to what they talked about, or the way they talk about it, in order to get the best of what is. They were asked to consider special changes in the questions they will ask and the stories they will tell as a way to shape reality.

Several veterans associated this conceptual approach to change with Philippians 4:8, "Finally, brothers, whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, *think about these things*" [italics mine]. The Constructionist Principle suggests that what we believe to be true (i.e. the Bible) determines what we do, and thought and action emerge out of the relationship we have with that truth.

2. The importance of *imagining your future* and casting vision. Many veterans believed that "dream-making" was important to their recovery.

Three of the four veterans who responded with positive comments about the dream phase stated that they were exposed to some dream analysis from other psychotherapy techniques found in Cognitive Behavioral Therapy. The use of dreams and imagining in this approach is used differently than how AI uses it. Veterans complained that the focus of CBT in regards to dreams was merely to help them recognize their distorted thinking.

The Dream Phase in the 4-D Cycle concerns itself in creating shared images for a preferred future rather than analyzing dysfunctional thoughts. Veterans understood the difference. Typically there are two stages in the dream phase. The first step recognizes the value of an image in the creative process. For instance, as a practical exercise in one of the group sessions conducted veterans were asked to imagine a desirable future.

In the second step, their images were translated into words (provocative propositions). They were asked to write them in the affirmative and present tense for example, “I am the salt of the earth” (Matthew 5:13). This kind of statement is based on *historical reality* or what AI would refer to as ‘best practices’ previously discovered. It stretches the imagination to hope what could be possible in the future. In contrast, CBT seeks to clarify a person’s problem and fix their dysfunctional attitude.¹⁰ This hinders forward movement into the future and can result in remaining ‘stuck’.

Appreciative Inquiry changes the basic orientation as to how hope is acquired. It is a strategy for intentional change that identifies the best of “what is” to pursue dreams and possibilities of “what could be.” In this case, veterans’ stories served to enhance

¹⁰ Clara Hill and Sarah Knox, “The Use of Dreams in Modern Psychotherapy” *International Review of Neurobiology*, vol., 92 (2010): 291-317.

cultural identity, spirit, and vision. They saw it as a way of seeing the best and highest qualities in their worldview.

A basic theme can be seen in the responses given to this question: that what a person anticipates often determines what they find. This kind of thinking reflects the idea behind the Anticipatory Principle of AI. This principle suggests that the images, which we create in our minds about the future, create that future. According to Cooperrider and Whitney our images actually “guide current behavior of any organism [self] or organization.”¹¹

3. The importance of *what you focus on* will most likely determine your reality.

Most veterans who answered this question strongly believed that transformation and change occur primarily by focusing on the positive. The spiritual positive is biblical truth. Veterans began to realize that what they focused on grows and by simply looking for eternal values that serve to grow faith, it will strengthen that inner core (spiritual worldview).

Veterans in recovery spend a great deal of time reflecting on what is “real” or what is reality. According to several veterans one of the benefits and differences between psychotherapy and Appreciative Inquiry is that the former focuses too much on weaknesses and not enough time on strengths. According to AI, focusing on our greatest strengths makes those strengths come alive. They become stronger when we attend to them. Several veterans found it refreshing when given opportunity to ask questions about their positive core instead of ruminating on tragic details of their trauma event as they were instructed to do in their practical application of CBT principles.

¹¹ David Cooperrider and Dian Whitney, “A Positive Revolution in Change,” *AI Commons* (1999): <https://appreciativeinquiry.case.edu/uploads/whatisai.pdf> (accessed June 2013), 10-12.

One veteran perceptively realized that focusing on the negative in his analysis of his trauma was no more logical than focusing on the positive. He made a decision to shape his view of reality by what he focused on. By focusing on more affirmation and more possibilities veterans believed they could attain more hope. This created, for some veterans, enthusiasm, momentum, and energy for their recovery and spiritual growth.

Studies have shown that focusing on the positive builds resiliency. One such study conducted showed that focusing on the positive and having positive emotions are a critical component in resilience and help buffer people from depression. The study further suggested that one of the best ways to cultivate positive emotions is to find a positive meaning in the situation.¹² Veterans came to understand that when they focus on their positive spiritual core, a core that contains eternal values, capabilities, positive attitudes, successful life strategies and wisdom, it serves as a construction of their faith open to infinite possibilities.

Appreciative Inquiry: Curriculum and the 4-D Cycle of Change

One of Appreciative Inquiry's basic principles states that in order to bring about management change, people should focus on identifying what is working well, analyzing why it is working well and then doing more of it.¹³ By using this principle in a recovery setting the study considered using a biblical narrative as the 'true source' of change to bring about hope. Each group session was taught with AI's "focus on the positive" in mind. While exploring the subject of theodicy for instance, veterans connected hopelessness with *suffering* as a positive tool that God uses (Rom 5:3-5). They

¹² Barbara Fredrickson, "The Role of Positive Emotions in Positive Psychology" *American Psychologist*, vol., 56, no. 1 (2001): 374.

¹³ David L. Cooperrider, Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2008), 3-4.

immediately identified the suffering experienced by God's people and Jerusalem's devastation (Lam 1:1-11) with their own symptoms of despair and hopelessness. The 4-D Cycle served as a springboard in discussing God's purposes behind suffering. Several veterans came to realize that not only does God allow suffering but that he acts to overcome the evil which often acts to promote it (2 Cor 4:17; Gal. 6:2; Phil 3:10).¹⁴ By accentuating the positive purpose behind suffering veterans were helped to focus more on what *could be* instead of *what is* in their present state of recovery.

For some, this group experience of learning AI allowed for a shift in language to take place: a language of despair (victimization) to a language of encouragement (thriving). It was a shift from a negative evaluation of their trauma experience to a positive validation of it. Biblically, this strikes true of what the Apostle Paul was trying to do with the church at Philippi. He exhorted them to "think about these things", positive virtues that produce a wholesome thought pattern (Phil 4:8-9).

In another instance, veterans viewed the connection between *hope* and the concept of *perseverance* as a positive idea in recovery (Lam 3:1-24). The hard and arduous work to finish a recovery program is difficult veterans were taught that perseverance required a focus on spiritual matters in order for hope to be sustained (Rom 5: 3-5) and this was done through the practice of spiritual disciplines.¹⁵ A group discussion covered material on daily lifestyle of prayer, meditation, Bible reading, and worship as necessary elements for the sustainment of hope and spiritual growth in recovery.

One of the features of AI's 4-D Cycle that distinguishes it from other models of change is its cyclical pattern. It is different from the more familiar linear problem-solving

¹⁴ See appendix B: *Theodicy: The Problem of Evil*.

¹⁵ See Appendix B: *Spiritual Disciplines*.

change models typically found in the psychotherapeutic models studied. A Problem-solving model seeks to *identify* the problem, come up with *alternative solutions*, choose the *right alternative*, and then *implement* the solution.¹⁶ The end-state in mind is to eradicate the problem with some “cure” for the problem. Whereas the process of the 4-D Cycle is more open ended, not so much concerned with a cure, but with the importance of “flourishing.” Its basic pattern begins by *discovering* what is working, goes on to *imagining* what could be, then *designing* the best alternatives and *practicing* the best choices.

When the word ‘cure’ is used in recovery circles, it often tends to create a psychological space in people’s minds between the present and the end-state on the recovery timeline. Goals and ambitions are put on hold because the cure is forthcoming. In other words, there is cognitive sense of “having arrived” with no need for further growth. The idea behind “flourishing,” on the other hand, creates the idea of incremental growth over time. The idea of flourishing invites the necessary focus needed between the present and the end-state. Veterans were perceptive to this comparison and found that the 4-D Cycle was a better alternative in its ability to foster growth incrementally (i.e. flourishing).

The 4-D Cycle also showed the potential of being used for *spiritual journeying* in the recovery process.¹⁷ Each of the four phases within the Cycle were used as spiritual checkpoints that helped veterans guide their spiritual journey of faith as well as record their progress. When used in this way, veterans found a workable spiritual blue print, which they found helpful in navigating through their mental-health issues. Each of the

¹⁶ Gilbert Rendle, *Leading Change in The Congregation: Spiritual and Organizational Tools for Leaders* (Lanham, MD: First Rowman and Littlefield, 1998), 80.

¹⁷ See appendix B: *A Spiritual Journey: An Introduction to the 4-D Cycle of Appreciative Inquiry*.

group session handouts included a ‘journal sheet’ for veterans to complete as part of their homework assignment.¹⁸

In general, the study showed that AI could be a useful tool for group and pastoral counseling in the recovery process. Its basic principles taught veterans how to better focus on identifying *what is working well* and then analyze why it is working well. The 4-D Cycle was helpful in that it provided veterans a template for *spiritual journeying* as well as process for developing goals. Most importantly, AI’s focus on the *positive* brought the spiritual back into their worldview, seeing God as a positive core from which everything evolves. These three principles; concentrating on what is working well, focusing on the positive, and spiritual journeying, were some of the keys strengths veterans found in the AI experience. Below is a snapshot summary of their scores and responses:

Together, these assessment tools were used to generate thought and discussion about hope and its place within recovery. They did not set out to consider the different ways that hope can be viewed and measured. The correlations cited and discussed should be taken as information for further discussion and reflection. Moreover, the value of these tools used in the study was twofold: they proved to be both inner and outer directed. In terms of being inner-directed each tool, to some extent, inquired about strengths veterans bring to their recovery or about core factors or values that identify the essence of who they are. God gifts each of us with certain abilities (James 1:17).

¹⁸ See appendix F: *Journal Page*.

Table 10. Summary of All Assessment Findings and Scores

Veteran	Hope Type	AHS	Experience of Hope Survey	View of God Assessment	View of AI and 4-D Cycle
#1	Alienation	+3	12	+	+
#2	Nurtured	+2	15	Strong +	+
#3	Uninspired	+1	10	Split view	+
#4	Oppression	+1	12	+	+
#5	Doom (Survival)	No difference	9	Strong -	+
#6	Uninspired	+1	10	-	+
#7	Empowerment	-2	12	Strong +	+
#8	Oppression	+1	10	+	+
#9	Oppression	-1	11	Split view	+
#10	Limitedness	No difference	11	-	
#11	Survival	-2	12	Split view	+
#12	Security	-2	14	Strong +	+

In terms of future-directed, each of the tools in some way challenged veterans to view the process of change ontologically. Several of their answers, for instance, mentioned the value of the dream phase as something that would help them envision a more confident future. Their envisioning would help them consider future recovery needs as well as looking forward in their implementation of eternal values already imbedded within their spiritual worldview. As one veteran enthusiastically stated, “I got very excited about the dream phase because it forced me to think about my qualities, the ones that have value and create positive outcomes.” This and other similar affirmations given

by veterans were strong indicators that could validate the possible use of AI in a clinical psychotherapeutic environment.

CHAPTER 6

PRAGMATIC TASK: WHAT COULD HAPPEN?

Pastoral care is shaped to respond to the problems people bring to chaplains. Those “problems” are most often framed in personal terms, often involving relationship difficulties. Sometimes they are defined as issues of faith or spiritual discernment. Loss of meaning, dying and death, mourning, loneliness, depression, and fear are important spiritual issues that veterans bring to chaplains.

Pastoral care is also shaped by its practice. This was the study’s primary concern—practical theology. As Swinton and Mowat suggest, practical theology is a “critical, theological reflection on the practices of the Church as they interact with the practices of the world with a view to ensuring faithful participation in the continuing mission of the triune God.”¹ The study focused on the protocols and procedures of counseling practiced, not within a local church, but within the mental-health recovery program at the Maryland Health Care Center at the Perry Point campus in Maryland.

The study began with a discussion about the lack of integration that exists between psychologists and chaplains on campus. It suggested how veterans could receive the positive effects from each profession if both were willing to integrate their ideas of hope towards positive change in the recovery process. On one side of the mental-health spectrum, psychologists and social workers practice cognitive behavioral therapy, advocating a finite or secular type of hope. On the other hand, chaplains offer veterans an

¹ John Swinton and Harriet Mowat, *Practical Theology and Qualitative Research* (London, UK: SCM Press, 2006), 25.

infinite or transcendent type of hope in their counseling. The former is man-centered, the latter God-centered.

Unfortunately, both sides are reluctant to integrate their concept of hope and its application into a model of change within recovery. The study proposed to use Appreciative Inquiry and the 4-D Cycle of change as a way to change that. The components of an integrative model of this kind combine the tenants of psychology and theology to bring about positive change.

The research initially asked the question, “What ought be going on?” This is the “normative task” suggested by Osmer that involves three methods used to discern God’s will in present reality: theological interpretation, ethical reflection, and good practice.² Guided by these methods, the study answered four questions concerning the biblical/theological, psychological, methodological, and pastoral merits of AI and the 4-D Cycle as a viable counseling method in veteran recovery.

Reframing Appreciative Inquiry for Use in Pastoral Care

From an organizational perspective Boleman and Deal observe that:

Change alters power relationships and undermines existing agreements and pacts. Even more profoundly, it intrudes on deeply rooted symbolic forms, traditions ways, and customary behavior. Below the surface, the people’s social tapestry begins to unravel, threatening both time-honored traditions and prevailing cultural values and ways³

Whether recognized or not, pastoral care, generally defined as the care or cure of individual souls,⁴ is shaped by systemic influences and collective human suffering. This

² Richard Osmer, *Practical Theology: An Introduction* (Grand Rapids, MI: Eerdmans, 2008), 130-132.

³ Lee Boleman and Terrance Deal, *Reframing Organizations: Artistry, Choice, and Leadership*, 4th ed., (San Francisco: Jossey-Bass, 2008), 383.

⁴ Rodney J. Hunter, Newton Malony, Liston, Mills, and John Patton, eds., *Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990), 836.

systemic dimension—“the people’s social tapestry begins to unravel” is what best describes what happens when new ways are introduced into traditional ways of thinking. Appreciative Inquiry can be a new way of thinking about change within traditional approaches of therapy. It has the potential to “unravel” traditional approaches to personal change.

Appreciative Inquiry has the potential to create a paradigm shift that would unravel traditional thinking about how pastoral work should be practiced alongside psychotherapy in the recovery process. The unraveling would be witnessed in a shift from a problem-focused to an appreciative approach in how people change positively. Rather than focusing on the cause of the problem, which all of the change models within the VA currently practice, AI proposes to focus on life-giving values to bring about positive change. It is a shift from the negative to the positive that makes AI powerful, seeking to appreciate what is good and valuable in the present situation towards shaping life-fulfilling change in the future.⁵

Considering the hedonistic attitude currently prevalent in our society and which seeps into the recovery culture, a pastoral theology ought to avoid an unwarranted optimism that suggests, “God is good all the time” and that hope is equated only with happiness.⁶ Such a theology is powerless in the face of unimaginable human suffering. It has nowhere to go except to blame the victims for their suffering or to search out the underlying defect or psychopathology that caused the suffering. Such problem-focused

⁵ David L. Cooperrider, Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. (San Francisco: Berrett-Koehler, 2008), 18.

⁶ David Murray, *The Happy Christian: Ten Ways To Be A Joyful Believer In A Gloomy World*, (Nashville, TN: Nelson Books, 2008). xix-xxi.

approaches to spiritual care tend to create a negative language that permeates the recovery process. This is unhealthy.

Neither does a biblical theology of spiritual care want to adopt a death-of-God theology and say there is no divine redeemer who works through tragedy to buy back or restore people to a right relationship with him. Veterans do not want to say that they are alone in the universe, with nothing beyond their human friends to bring them comfort. A theology of pastoral care necessitates a balance between the two: the experiences of both joy and suffering are essential components in the making of hopeful change. Veterans who are traumatized from the devastating nature of combat, war, and other events, are in just as much need for a redeemer in the midst of their suffering as the exilic Jews were during Israel's destruction. Both need someone who can redeem them and restore their joy.

The words of Isaiah 40:1-2 are redemptive and could be pastorally spoken to those suffering from trauma and spiritual wounds.⁷ Theologically, one of the tasks of pastoral counseling is to consider the importance of overthrowing the pain-filled language of trauma, in the same way God tasked Isaiah to overthrow the people's language of despair during his lifetime (Isa. 49). Appreciative Inquiry sets out to create a transformational language within organizations and people by assuming that "an organization (a people group) should be embraced as a human center of infinite imagination, infinite capacity, and potential."⁸

⁷ Isaiah 40 acts as a transitional chapter in the book in which the author addresses an audience in the Babylonian exile more than a century later than Isaiah. The mention of God's restoration of those in exile would have had insignificant relevance for Isaiah's contemporaries. However, this chapter is useful in pastoral work as it begins the theme of comfort and hope to God's people that characterizes the rest of the book. Chaplains could use Isaiah's words found in this passage along with the rest of the chapter to speak to veterans suffering from hopelessness.

⁸ Cooperrider et al., *Appreciative Inquiry Handbook*, 16.

This is “life-giving” language that seeks to value the individual rather than validate the problem (as is typical of a problem-focused approach to change). To “discover the positive exceptions, successes, and most vital or alive moments, Discovery [phase] involves valuing those things that are worth valuing.”⁹ Isaiah rings loudly in this regard. Besides being good and sovereign, God values his people because they are worth valuing—enough to redeem them!

A crisis of confidence often comes to those who have experienced loss, thus, the metaphor of God as a Sovereign Shepherd is necessary to incorporate within a theology of pastoral care. Chaplains have opportunity to remind veterans whom God is—someone able to help and who cares, and brings comfort in the midst of crisis. AI does not ignore nor avoid problems. Rather, it suggests that what people need to do to solve their problems is to move from the problem mindset, which created or nurtured the problem, (e.g. God is unloving), to a solution mindset (e.g. God is loving). This mindset transformation occurs when hurting people become experts on the root causes of success rather than the root causes of failure. This means looking at the situation from the perspective of the solution, or the future without the problem, rather than focusing on the causes of the problem.

The use of Isaiah’s positive and life-giving metaphor of the Sovereign Lord in pastoral care could also be used as a way of looking at God as the solution, not the problem. Chaplains could assist veterans identify with this metaphor as one of their core strengths in crafting their provocative proposals. Within these verses and throughout his book, Isaiah establishes a solution-focused approach by pointing out that God’s grace and comfort are available because he is powerfully able to help—and no one can interfere

⁹ Cooperrider et al., *Appreciative Inquiry Handbook*, 6.

with his aid. Considering this shift in focus, chaplains, to include psychotherapists, should stop asking, “Why do you feel unloved?” and instead ask, “What do we need for you to feel loved?”

The question, “Why do you feel unloved?” will typically lead down an inquiry of cause and blame. The second question, “What do we need for you to feel loved?” will normally lead to an exploration of potential solutions, most of which are independent of the original causes of the hurt. In the second approach, time and energy are not wasted in the blind alley of blame. People can approach solutions without being demoralized by judgments on their current predicaments. By choosing to focus on the positive, Isaiah was accentuating a life-giving value—God’s sovereignty.

A pastoral model for counseling must convey a theology that says it is normal to hurt, and that God cares about the patient’s suffering. Chaplains can help veterans understand this by letting them know that suffering is a positive tool God uses in growing hope. They can also communicate to veterans that they can trust God with their suffering because God is holy, sovereign, and omnipotent—nothing can foil his purposes in their lives (Deut. 3:24; Ps. 8; 68:20; 73:28; Mt. 19:26).

In regard to sin and transgression, chaplains can use AI’s positive ‘assurance of pardon’ to help veterans view God as gracious and forgiving. Such conviction requires that they perceive both God’s holiness and his love. As an example, chaplains can use the Discovery phase to expose veterans to the truth that it is horrible to sin but wonderful to be forgiven. This is life-giving language that accents the positive. As spiritual guides, chaplains have opportunity to empower the repentant veteran to trust in a God who loves and cares for their soul (Ps 36:1; Hosea 11:1; Rom 5:5). Appreciative Inquiry helps in

this effort of ‘trusting’ by assuming that “Whatever we focus on becomes our reality”¹⁰

The more veterans focus on God’s acts of love and ability to forgive, the more real that will become to them.

Curiously, however, we go onward by waiting with expectancy and imagining what God’s vision might be (Dream Stage-Imagining the future). To “wait on the Lord” (Isa 40:33, New Living Translation) hardly means sitting back passively, but rather it means an eagerly expectant attitude of hope focused on the Lord himself (Ps 27:14). To “hope in the Lord” means we embrace life again empowered by God because he offers us all that we need as his people.¹¹ When veteran trust in his love, as the exiles did, they experience a miraculous exchange—his strength for their weakness. This is a hope-filled experience.

Appreciative Inquiry is experiential in the sense that it creates nothing new as such. Instead, it leads people to remember their past and recount their stories about the most meaningful and important occasions of the past. Their stories serve as the information from which they can derive their sense of identity in the present time in order to project a desirable future. Hopefully, these important life-giving and energizing experiences from the veteran’s past become the normative way to live their preferred future.

For most people in non-religious organizations, like the veterans Administration, these stories come from their personal or organizational history (the military). For many pastoral agencies or the church at large, these primary resources are the Scriptures and the experienced heritage that they share is wounded sheep in a trauma recovery center or gathered disciples in congregations. In other words, the proposed change model could be used to serve either believing or non-believing veterans.

¹⁰ Sue A. Hammond, *The Thin Book of Appreciative Inquiry*, 2nd ed. (Bend, OR: Thin Book, 1996), 20.

¹¹ James Macdonald, *Christ-Centered Biblical Counseling: Changing Lives With God’s Changeless Truth* eds., Bob Kelleman and Steve Viars (Eugene, OR: Harvest House, 2013), 97-99.

God's shepherding care and involvement in the lives of veterans to provide comfort, protect them from harm, and help them progress through their suffering reaches its perfect expression in Jesus. He is The Good Shepherd and the Suffering Servant (Jn 10:11-18; Isa 53). His help comes to them as exiles in the midst of their desert experiences, revealing the Word of God, which remains eternally reliable and trustworthy, even when all else seems empty and fading away.

Each of these metaphors of hope found in Isaiah, *God as Redeemer* and *God as Sovereign Lord and Shepherd*, are ways of knowing and explaining a certain theological dimension of how God works in the lives of people with soul wounds. They are more than simply encouraging words, but serve as language devices that arise from lived experiences in real people found not only in Isaiah's day but found in clinical settings on every VA campus.

Isaiah points to grace as God gives strength to the weary and sufferer. Neither the exiles nor veteran today are invincible when struck down by soul wounds. That is why Isaiah insists that we behold the beauty of God's shepherding love. This is what the discovery phase encourages us to do—to *behold* the beauty of what is life-giving. A theology of hope in pastoral care begins by asking the question, "What in the past is worth bringing into the future? What can I "behold" in the past that is big enough, strong enough, and beautiful enough that is worth bringing into the present so that it will sustain my future?"

Eventually, hopelessness turns into hope as the Holy Spirit works to drive the seed of God's Word into the heart where it will take root and produce life-giving values (Lk 8:11; 1 Pet 1:23). Chaplains who use AI's solution-focused approach by applying the 4-D

cycle for spiritual change have a method in which chaplains can help veteran to receive the Scriptures in a positive way, reminding them who they are in Christ and how God provides for their every need.

Metaphors such as these, when uncovered and applied within a biblical framework of change can arm chaplains with powerful tools to use in counseling veteran. They enable veteran to envision and talk about realities in a language that may have been forgotten but, nonetheless, gives hope to human suffering within the context of the human-divine relationship. Chaplains can make use of these metaphors of hope, helping veteran call into question the injustices of tradition, experience, or the activity of God so that new life-giving possibilities can flourish in their lives.

God is actively involved in redeeming people, restoring them to complete relationship with him in the recovery process. Redemption is restorative (Rom 5:15-20; Eph 2:4-9; 1 Jn 2:2), and reflecting on God's redemptive work can bring a restorative awareness to mental health care chaplaincy. The Christian faith is about hope. The Christian message is good news. God's promise is "new heavens and a new earth" (Isa 65:17; Rev 21:1-4). As Walter Kaiser notes about the exiled Israelites, "...a new exodus and redemption were envisaged for the future (Isa 52:1-6). This was "good news" to Zion (v.7). Then all the ends of the earth would see God's salvation (Isa 52:9-10; cf. 40:9).¹²

For real change to occur, chaplains must claim hope anew to veterans experiencing despair and loss in a way that is life enhancing. Otherwise, they view the future as closed and assume change is impossible. They must be enabled to see God as a God of the present in those times of dark disorientation, when he may seem most absent. The study contends that this is precisely how chaplaincy could teach the anguished to resolve the

¹² Walter C. Kaiser Jr., *The Promise-Plan of God*, 187.

particularity of their hopelessness by clarifying that God is with them—*Emmanuel!* This is the biblical focus, to identify within the literature the role that hope plays in promoting positive outcomes in pastoral care and therapy. The book of Isaiah and other biblical texts will inform the study as a way to reclaim hope in a time of loss and despair. Isaiah believes that what begins in mournful lament will likely end in renewal.

These metaphors of Redeemer and Shepherd will also call attention to gaps in awareness, deep structures of experience, and the multiple layers of relationship. They particularly describe the negative experiences of human suffering and serve as ample resources for pastoral care in the face of human suffering. Both are universal metaphors and enable us to think at the collective level, to consider the contexts of human suffering and the patterns that link one context to another, “asking us to experience the topic at hand by giving us a picture and attempting to communicate total experience.”¹³

Reframing the 4-D Cycle for Use in Pastoral Care

By using the 4-D Cycle model as a recovery tool, chaplains are able to incorporate and integrate biblical truths as a way to reframe a person’s spiritual worldview. This is done by reframing the standard questions normally asked in each of the four phases of the model into biblical ones. For example, veterans were asked what positive ways have you experienced God? (Discovery), what do you think God’s vision is of a better world? (Dream), what can and should be done to make it happen? (Design), and what can you do to connect with God and community that moves you towards that vision? (Destiny).

Each phase is then renamed and given a unique scriptural theme in order to make the model truly biblical in which believers can associate. To facilitate an easy way to

¹³ Leland Ryken, *Words of Delight: A Literary Introduction to the Bible* 2nd ed., (Grand Rapids, MI: Baker Academics, 1992), 166-168.

remember these new phases all the original titles were changed to new ones beginning with the letter “P”:

- Proclaim (Discovery) We want to discover the “benefits” of what scripture has to offer and proclaim them in our recovery (Ps 103: 1-5)
- Prize (Dream) We want to imagine a preferred future, “straining forward to what lies ahead, I press on toward the goal for the *prize* of the upward call of God (Phil 3: 13-14)
- Purpose (Design) We want to recognize God’s design in recovery because we know that “all things work together for good, for those who are called according to his *purpose*” (Rom 8:28).
- Practice (Destiny) We must focus on “whatever is true, whatever is honorable, whatever is just, whatever is pure, whatever is lovely, whatever is commendable, and practice these things in order sustain hope beyond recovery (Phil 4:8-9).

Within group or individual counseling, the AI process should begin with an overview and discussion of its basic five processes. They are fairly generic in nature to allow flexibility while clarifying concepts and theories within the discovery phase. Each are developed with a biblical narrative in mind and should relate in some way to a veteran’s spiritual experience with that narrative. Prior to dealing with any of the phases, the veteran needs to understand and consider the “benefits” of scripture (Ps 103: 1-5) and how to use them alongside AI’s assumptions and processes. Otherwise, a veteran may not grasp how AI works differently from psychotherapeutic approaches in obtaining hopeful outcomes. The first basic process at work here is to ‘Choose the positive as the focus of inquiry’. In this first session, chaplains will spend much of their time explaining AI’s principles and theories, as well as its assumptions and basic processes. The newly proposed model takes into consideration the same eight assumptions and five processes used within AI’s 4-d Cycle of change:

Eight Assumptions of AI

1. In every society, organization, or group, something works
2. What we focus on becomes our reality

3. Reality is created in the moment and there are multiple realities
4. The act of asking questions of an organization or group influences the group in some way
5. People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known)
6. If we carry parts of the past forward, they should be what is best about the past
7. It is important to value differences
8. The language we use creates our reality

Five Basic Processes of AI

1. Choose the positive as the focus of inquiry. (Prior to the Discover phase)
2. Inquire into the stories that are life-giving (Discover phase)
3. Locate themes that appear in the stories and select topics for further inquiry (Discover phase)
4. Create shared images for a preferred future (Dream phase)
5. Find innovative ways to create that future (Design and Destiny phases)

The Proclaim (Discover) Phase

Appreciative Inquiry seeks to accomplish, a systematic way of mining the very best of the past, imagining what the most desirable and preferred future would look like, and finally making plans toward that future. The importance of that mining and inquiring about the past is crucial and necessary in order to walk faithfully in a life-giving relationship with God. The second and third basic processes are considered in this phase: (2) Inquire into stories that are life-giving and (3) Locate themes that appear in the stories and select topics for further inquiry.

Life-giving stories are ones that encourage veterans to “consider” how to stir up their faith so that they may hold fast to their confession (Heb 11:23-24). Telling positive stories about what actually happened in the past or reading them from Scripture conveys an implicit message that they can happen again—that they actually happened makes their return realistic.

These are not just any stories, but stories that veterans can identify as “high points” in their lives. These same stories, when carried into the future, serve to connect life-giving values from their past. In doing this chaplains are ‘raising the consciousness’ of veterans as to what they want in order to build on a preferred future. This is what Ford suggests, as transformational leadership, a way of “motivating people to do more than what is expected, raising awareness of different values, by getting them to transcend their self-interests for the cause.”¹⁴

To engage in the second part of this phase, chaplains begin by casually interviewing the veteran and ask, “What positive ways have you experienced God? Where is God in your life...in your struggle? What are the most significant life-giving forces that God has caused in your life?” These questions serve to reframe the veteran’s story in light of their hopelessness and feelings of despair. The objective is to help the veteran understand that their story is part of God’s story (Mt 16:25). The answers to these questions can be categorized as strengths and weaknesses and then reframed for future opportunities of learning.¹⁵ Cooperrider refers to them as ‘affirmative topics’ that are written out in order to stimulate conversations about the desired future.¹⁶

When Isaiah announces that God will comfort his people during and after that destruction (Isa 43:8), he creates a sense of hope to believe that God will do it again. The Sovereign Shepherd and God as Redeemer metaphors could very well act as affirmative topic choices in this phase of the recovery process. Affirmative topics serve as the

¹⁴ Leighton Ford, *Transforming Leadership: Jesus’ Way of Creating Vision, Shaping Values & Empowering Change* (Downer’s Grove, IL: IVP Books, 1991), 22.

¹⁵ Alex Wood and Nicholas Tarrier, “Positive Problem Solving: How Appreciative Inquiry Works” *ICMA’s InFocus*, 43 no. 3 (2011): 2-4.
http://dev.southcentral.edu/commonCourseOutline/test/research_and_planning/Strategic_Planning/7%20Appreciative%20Inquiry%20Articles/Positive%20Problem%20Solving%20sallie%20Lee.pdf (accessed August 2013).

¹⁶ Cooperrider, et al., *Appreciative Inquiry Handbook: For Leaders of Change*, 35.

bedrock to a theology of hope. They intentionally guide the change process towards a life-giving future based on how the veteran's story interacts with the biblical narrative, in this example, God's sovereignty.

Using a fictitious example let us suppose that a veteran loses a battle buddy or friend in combat. Upon his return from deployment, he experiences a sense of fear and feelings of insecurity—he no longer feels safe in his new surroundings or around people in general. He feels as though he cannot move confidently into the future with these feelings.

The Discover phase would ask the veteran to share a positive example or story of a time when he felt safe. Suppose the veteran shared a story of someone who made him feel safe, for example, a protective and loving father. This would be followed up with more questions such as “How did he make you feel secure?” “What is something he said or did?” “Can you recall a specific value he demonstrated in making you feel secure?”

From these simple questions and telling of the story, the Discover phase seeks to draw out themes, which help identify a positive value or principle. In this case, love and caring could be used as a possible theme identified in this phase. This theme becomes the subject of focus in the Dream phase.

The Prize (Dream) Phase

This Dream phase enables the wounded veteran to face the reality of their situation while being challenged to start building revised (life-giving) future stories. The phase is not some kind of individual narcissism where people are asked to dream vaingloriously. Rather, it seeks to guide veterans to ‘imagine what might be’ based on their life-giving stories of the past. The fourth basic process is considered in this phase: (4) create shared

images for a preferred future. The affirmative topics, such as the sovereignty of God, are further developed into *core themes* centered on the data collected from the interview questions. It is important to avoid tackling too many themes at once as it may result in confusion and frustration. It is suggested that one or two themes, at most, be worked on in the first session. Veterans are encouraged to talk about what those themes mean in relation to their recovery process.

The primary goal here is for chaplains to help veterans conceptualize a healthy understanding of what ultimate hope means and why it is important within their spiritual narrative.¹⁷ Much of the time in this session is spent by the chaplains and veterans working together finding and developing life-giving themes.

In the fictitious example given, the veteran's 'love theme' could be associated with not only his positive story of his father's love but with God's love as well. Doing this allows the Dream phase to give further opportunity to explore 'love' from a biblical perspective. This helps form the basic direction of change for the future.

To capture that direction a chaplain could ask the veteran, "What do you think is God's vision of a better world in regard to his love?" The following phase will focus on developing a 'statement of intent' or what AI refers to as 'provocative proposals', which act as a link between the theme of love and a future vision of how that will play out for the veteran.

¹⁷ The prophet Isaiah was fighting against false gods and fought to remind Israel of the true Messiah (Isa 45: 5-7). Likewise, chaplains strive against 'principalities and powers of darkness' so that the hearts of veterans would be radically opened to the grace of God, that those things they treasure apart from God would be removed (Eph 6:1-12).

The Purpose (Design) Phase

As pastoral caregivers, we want to help veterans see that their story is part of something much bigger than themselves; it is part of God's grand narrative of redemption. The Design phase must proclaim that it is about God's glory. Although their story may seem exceedingly small and insignificant compared to all that God is doing throughout time and history, it is important to God. The veteran's story is part of God's grand narrative of redemption, and the climax of that narrative is found in the gospel where all lasting hope is found (Heb 4: 14-16).

In this phase, the veteran is asked to create statements or what AI calls, "provocative proposals" These proposals act as a bridge between the current (known) state of the veteran's life and the future (imagined, desired) state of his or her life. The fourth and fifth assumptions of AI are used to support the bridge needed: "people have more confidence in the journey to the future when they carry forward parts of the past" and "If we carry parts of the past into the future, they should be what is best about the past." Connecting "what is" with "what might be" will lead veterans toward imagining a new future grounded in confidence and hope. This phases references the fifth basic process found in AI: (5) find innovative ways to create that future.

Using our hypothetical example, the veteran has the opportunity to link themes and wishes that are captured as provocative proposals—imaginative scenarios that capture the positive strength of love. A provocative proposition for this example could be written, "The lord is my strong tower who will keep me safe. I am secure in him. He crowns me with steadfast love and mercy, he satisfies me with good" (Ps 103: 4-5).

The Practice (Destiny) Phase

By the time chaplains and veterans reach the Destiny phase, the nature of the relationship between them should have reached a high level of trust. When this occurs, the veteran can more easily walk confidently into his or her preferred future and begin to build a wider community of relationships with others. In this phase, chaplains encourage veterans to continue seeking to be innovative, as the fifth basic processes suggests, and to continue to find more innovative ways to create their future.

Until now the first three phases of the AI process have primarily focused on the veteran in terms of learning AI principles and theory, developing provocative proposals, reframing positive stories, and welcoming new initiatives. This phase shifts from *individual* learning to *corporate* sharing. It opens the door to community involvement where the things that have been learned must be put to *practice*. The mood for the veteran should be one of expectancy, knowing that a lot of hard work has been accomplished and that the generative work God has begun will continue into the future (Phil 1:6).

Luke's theology of community and sharing (Acts 2) appears to teach that individualism should be downplayed and community priorities be given more expression. The Destiny phase, within a spiritual care model, gives veterans opportunity to do just that—to express their hope and accept the challenge to connect with others. Community for the veteran becomes a place of opportunity for further discovery, more dreaming, and ongoing planning, but more importantly, the place where they practice their hope.

When veterans accept living in community as part of their recovery program, healing takes place in a way that hastens, and oftentimes strengthens, hope. While in this phase veterans should ask themselves questions that help them sustain growth such as,

“How will I learn about the gains I’ve already made? How will I celebrate them with God and the church/community? How will God and the church/community sustain my faith/hope?”¹⁸

Considering our example, the veteran arrives at this phase with a task to find ways to live out his proposal. He does this by exercising the tools given to him in the recovery process. These consist of a wide variety of resources, including learned CBT skills, spiritual experiences, or community involvement, all of which serve to teach and reframe his experience of love as a positive element in his story and in God’s.

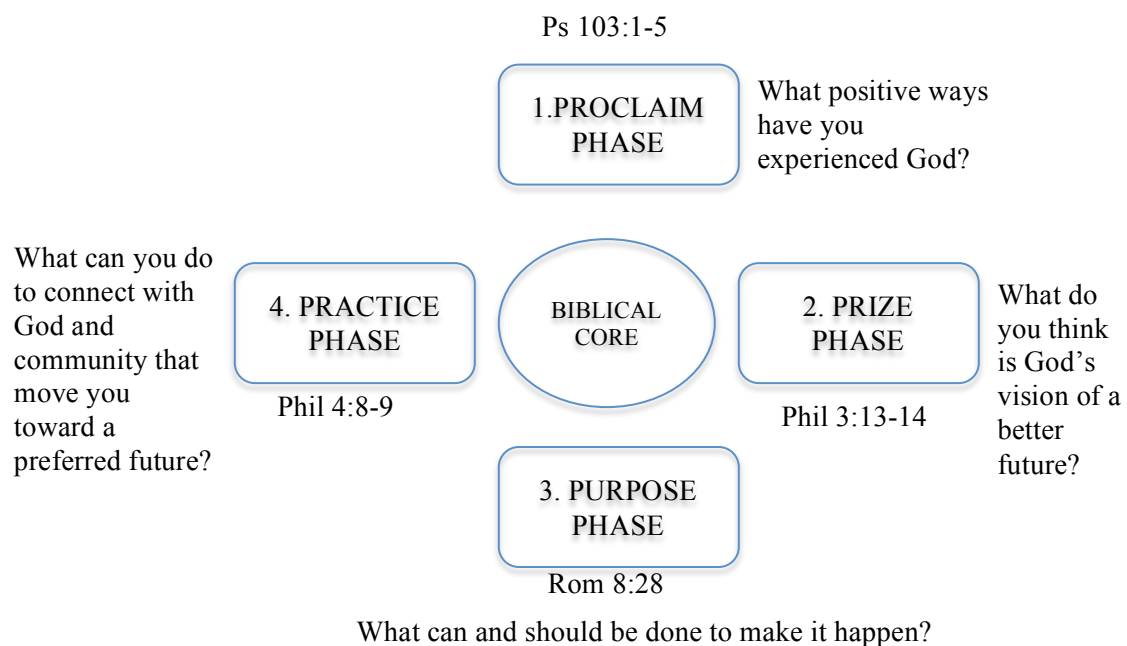


Figure 5. Appreciative Inquiry’s Biblical Template

By transforming the 4-D Cycle into a biblical model for change veterans were afforded the opportunity to integrate cognitive psychotherapeutic skills within their spiritual worldview. As a result, they were able to view the possible advantages of hope working in their recovery from both a secular (finite) and sacred (infinite) perspective.

¹⁸ Diana Whitney and Amanda Trosten-Bloom, *The Power of Appreciative Inquiry*, 218.

Veterans realized that “what makes up the best of an organization or its people” is not necessarily only the ideas of the people but also God’s ideas for the people. Some veterans even claimed to have moved out of their present ‘freeze-zone’ towards a more confident level of hopefulness.¹⁹

Concluding Thoughts

There is something intrinsically biblical about the AI process. In using the 4-D Cycle as a tool to facilitate change, the study can teach chaplains to exercise narrative leadership by entreating veterans to understand themselves and their stories in light of the Gospel. God does not come to us with a set of answers in Scripture to give us a prescriptive way of understanding reality. Instead, he offers us this rich and complete narrative, where He takes people in with all their brokenness and failings and allows them to live their story according to His Story, to live a more redemptive and complete story.

Strengths and Limitations to the Study

Appreciative Inquiry assumes multiple realities, construction or creating reality through human interaction, and the influence of values taken from a person’s narrative. The 4-D Cycle aligns itself with the postmodern social constructionist position, which does not necessarily take absolute truth into account. This undermines a complete understanding of hope. A better and more complete understanding of hope, as previously

¹⁹ In the first group session, *An Overview of Spirituality and Trauma*, veterans were taught the concept of what it means to be psychologically and spiritually ‘frozen’ as a result of their traumatic experience. Metaphorically speaking, the act of the traumatic moment creates a ‘freeze-zone’. The word frozen is a state of being that psychologists use to describe veterans who are unable to move past their traumatic symptoms. It is the inability to cognitively move in a future direction from their traumatic past. To a certain degree this makes them incapable of functioning.

stated, and should consider hope as something that speaks to the infinite as well as to the finite.

One of AI's strengths is the development of the relationship between hope and the positive approach captured and exercised within the 4-D Cycle. Instead of concentrating on the problem, AI's positive lens invites veterans to view their recovery issues from a hopeful perspective. It accepts these realities for what they are — areas in need of conversion and transformation. The focus shifts the inquiry and intervention to realities that are sources of hopefulness that potentially could manifest the power of God within pastoral work. In this sense, AI is more than a technical and methodological tool for organizational analysis and effectiveness; when based on biblical principles it can become a powerful means for renewal and recovery.

The use of AI processes and theory as an integrative approach to change in psychotherapeutic recovery for veterans is a worthwhile and feasible task to further explore beyond this basic study. Hopefully, there will be more comprehensive research done by others on integration of the sacred and the secular within recovery. God has already entrusted chaplains with the message of grace, reconciliation, and recovery that Jesus accomplished for them to share with veterans (1 Tim 2:5-6). This is the sacred task chaplains bring to the recovery table. Hopefully, they will use that grace by sharing it with mental-health professionals as well.

God has also entrusted psychologists with their message of a 'cognitive' gospel. Their skills and methods have proven to be successful in restoring and healing the minds of veterans and providing them with their form of finite hope. They bring the secular piece of recovery to the table. Although both serve together as professionals on a

disciplinary treatment team, there still exists a gap between them in how they construe what hope means. The psychologist finds little or no transcendent value for hope used in a spiritual context. For them hope is finite and temporal, a concept to enhance life in the contemporary. Christian chaplains, on the other hand, believe in an ultimate hope that gives purpose and meaning anchored in the very being of a living God. This study was an ambitious endeavor to address the dichotomy by using AI as a way to bridge both sides while exploring the pastoral benefits of it within mental-health recovery.

Implications For Future Research

Implications for future research might include studying more than one group of twelve veterans at one particular VA campus. It would be helpful to expand themes outside of psychotherapy into areas of social work or nursing. Since only veterans diagnosed with cases of mental health were analyzed, researching different clinical areas could also contribute to the research on the topic of hope and the use of AI and add another level to these findings. The importance of needing a controlled or closed group of veterans from which to conduct the study is crucial.

Concerning AI practice, it is crucial that chaplains understand the pivotal role hope plays in their pastoral work as well as being able to maintain a hopeful disposition congruent with AI's philosophical tenets. From a clinical practice perspective, it is also essential that chaplains using AI are able to listen and select veterans' signs of hope so they can build on their hopeful feedback within each of the 4-D Cycle phases. The notion of hope in relationship with AI and the 4-D Cycle should be studied further. Standardizing any sort of curriculum for pastoral departments would be difficult to do, as

not all chaplains share the same theological understanding of hope nor do all embrace positive psychology.

Chaplains could, however, begin to dialogue more earnestly with their mental-health colleagues as to how hope as agency could be integrated in transcendent ways in order to understand hope as both finite and infinite. The study showed how AI's process of change has the potential of building hope in relationship to creating change. Therefore, the implications mentioned above could be significantly impactful in future research, clinical pastoral work, and in the integration of psychology and theology.

There is no simple formula, therapy, counseling technique, or change model that can completely banish the darkness experienced by veterans in recovery. However, in the coming of Christ, the ultimate displacement of sorrow has begun. Jesus declared, "Blessed are those who mourn for they will be comforted" (Matt 5:4). This promise can also act as a challenge for chaplains doing pastoral work in finding innovative ways of comforting "those who mourn."

Appreciative Inquiry offers universal principles and concepts that not only serve the organizational community for which it was originally designed, but could have some benefit serving the recovery population as well. It is the contention and excitement of this study to believe that someday AI's 4-D Cycle model of change will be used by chaplains in the future as an additional pastoral tool in spiritual recovery. May it capture their attention and generate worthwhile conversation in seriously considering AI's approach as a tool to transform change and generate hope with the use of God's power.

APPENDIX A
GROUP PARTICIPANT'S LIST OF DIAGNOSED DISORDERS

Adjustment disorders:

- Acute with depressed mood
- Unspecified

Anxiety disorders:

- Social Anxiety
- Post-Traumatic Stress*
- Acute Stress
- Substance-Induced
- Not-otherwise specified

Depressive disorders:

- Major depressive
- Dysthymic
- Not otherwise specified

Dissociative disorders

- Depersonalization
- Not otherwise specified

Personality disorders

- Paranoid
- Schizoid
- Avoidant
- Obsessive-Compulsive
- Not otherwise specified

* Several veterans were dual-diagnosed with varieties of PTSD and other trauma disorders

APPENDIX B
SIX-WEEK GROUP CURRICULUM

Spirituality and Trauma (Student Notes)
Session 1
Chaplain O.J. Di Iulio

The Spiritual Battle: Understanding What Gives Life

Objectives:

1. Understanding what gives life: The Essence of the Cosmic Battle
2. Understanding the difference between religion and spirituality
3. Finding MEANING within our cosmic battle

Procedures:

1. Understanding what gives life: Do you think an understanding of God might change the way you think and act toward your recovery? **Life flows from what we say, “YES” to.** Imagine a life in which you can say: Yes to the Source of your existence (*what is that for you?*), YES to your neighbor, *and* YES to yourself.

A. Appreciative Inquiry (a change model of hope) recognizes that there is only life in those things that we deeply affirm or to which we say YES! There is no life in those things to which we say no. (See handout-AI vs. Problem-focused).

B. To live abundantly we can discover those realities, people, and things to which we can say YES to live harmoniously with ourselves, our truth, and with others.

C. Our YES must also be aligned with our personal values and *the* community values (not our own community values) of fairness and justice. If our YES evokes a strong NO from some part of us or from our neighbors then the resulting conflicts will choke off life. Any blessing that comes to us at the expense of someone else is not a blessing: it is theft and will be resisted. For life to be sustainable, the way we say YES must be congruent with the life we desire.

2. Spirituality is not religion—the difference (see handout—Religion and Spirituality defined).

A. **Spirituality** is: something like the fragrance of a rose. Its attributes resemble spirituality in that it is intangible, ineffable (beyond words) realities.

- We may know them but we can never grasp them with our hearts or with our words
- It exists. IT IS.
- Just like love exists, evil exists, beauty exists, so spirituality exists.
- We do not define it, it defines us

B. In order to understand the Spiritual Battle correctly we must get rid of a few assumptions:

- Spirituality is not perfect—why?
- Spirituality has to do with the here and now—it is “earthy.” True spirituality must deal with the “passions of the heart”
- Spirituality involves learning how to live with imperfection
- Spirituality is a paradox an apparent contradiction). Something temporal and something eternal
- Spirituality has nothing to do with boundaries: only the material can be bounded, and the first thing that “the spiritual” is not is material (ex: *fragrance of a rose*)

C. So, when we talk about purpose-driven recovery our human task involves yet another paradox—to get beyond ourselves without trying to escape ourselves. In other words, we must **embrace** suffering along with joy, disappointment with satisfaction. When we live this way we are *being-human* or simply, a human being.

Problem-Solving vs. Appreciative Inquiry

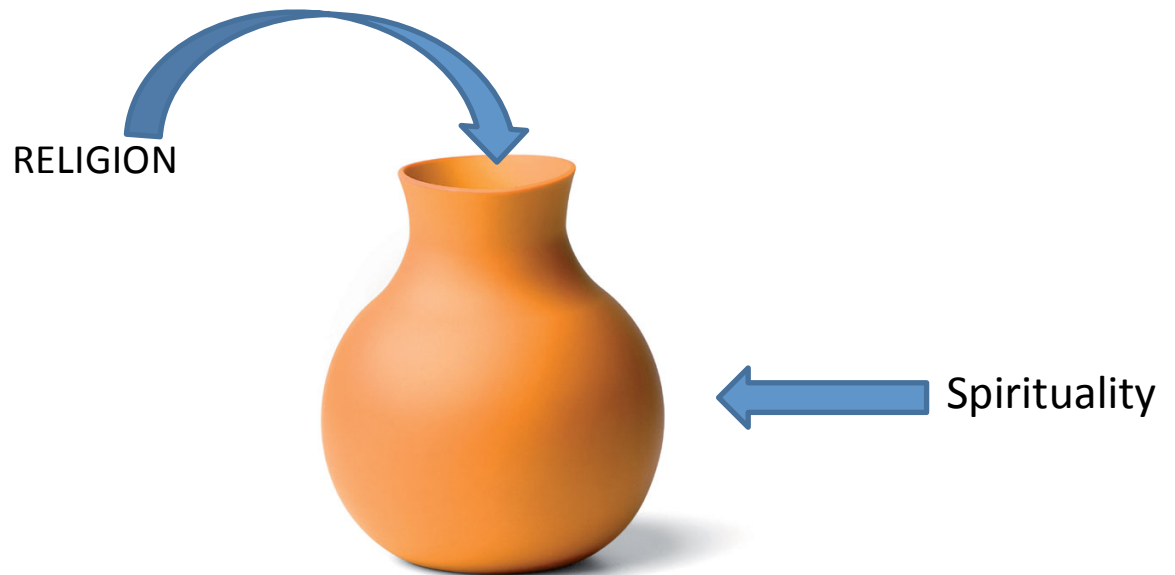
Problem-solving	Appreciative Inquiry
• “Felt Need” Identification of Problem	• Appreciating “Valuing the Best of What is”
• Analysis of Causes	• Envisioning “What Might Be”
• Analysis of Possible Solutions	• Dialoguing “What Should Be”
• Organizing is a problem to be solved	• Organizing is a mystery (infinite capacity) to be embraced

* Taken from *Appreciative Inquiry Handbook: Leaders of Change* by David L. Cooperrider, 2008, p.16

1. In every society, organization or group, something works.
2. What we focus on becomes our reality.
3. Reality is created in the moment, and there are multiple realities.
4. The act of asking questions of an organization or a group influences the group in some way.
5. People have more confidence and comfort to journey to the future (the unknown) when they carry forward parts of the past (the known).
6. If we carry parts of the past forward, they should be what is best about the past.
7. It is important to value differences.
8. The language we use creates our reality.

*Taken from *The 8 Assumptions of Appreciative Inquiry*—Annis Hammond, 1998, p. 20-21

Spirituality: an individual's understanding of, experience with, and connection to that which transcends (to exist above and independent of material experience or the universe) the self.* (THE VASE)—*connection to something outside yourself.*



Religion: a system of beliefs, values, rituals, and practices shared in common by a social community as a means of experiencing and connecting with the sacred or divine*. (WHAT DEFINES THE VASE)—*identification with something outside yourself*

*Reference from *Dictionary of Pastoral Care and Counseling*, Edited by Rodney hunter, 1990, pp.1054 and 1221.

The Spiritual Battle—What Do I Really Believe?

1. Write your reactions to this session. What was the one thing that really stood out in today's session?

2. Are you really practicing your faith? How?

Name _____

Date _____

A Spiritual Journey: An Introduction to the 4-D Cycle of Appreciative Inquiry

The Hebrew word Hebel means “wisps of air-vapor”—as relating to life! In the end the joy of life is not in the getting but in the journey itself.

Objectives:

- Learn what a spiritual journey is not
- Learn what a spiritual journey is
- Introduce the 4-D Cycle of Change
- Consider 4 Main Spiritual Worldviews

Procedures:

1. Spiritual Journey is not linear

A spiritual journey should not be thought of as moving from point A to point B in a straight line. The spiritual journey often feels like groping in the dark filled with up's and downs. This type of journey is typical even with people who are persistent and continue to persevere in their faith. Also keep in mind that spiritual growth often comes when there are bumps in the road. Life is complex and more times than not is characterized by high's (mountain top experiences) and lows (valley experiences). This leads to the second point.

2. Spiritual Journey is dying in order to gain

Typically when we experience suffering, spiritual darkness, and spiritual woundedness a season of confusion and doubt follow. This does not mean that suffering or periods of darkness are necessarily bad. Uncertainty and fear can be catalysts to newfound hope and confidence. By accepting the hurts of life as part of our spiritual journey we can learn how to walk in faith in our season of recovery. As the above quote reminds us, “*life is not in the getting but in the journey itself*”, meaning that whatever God allows to happen in our lives it's because there is a purpose behind it—that's life! Let Him do the getting and enjoy the ride.

3. The 4-D Cycle of Appreciative Inquiry. This is a tool which may help us view our spiritual journey as a progression beginning with 1) Recognizing God's Story within our

own faith story, 2) Imagining God's Vision for us, 3) Turning God's vision into a reality through planning, and 4) Sharing that vision with others—living in community.

Four Stages of a Faith Journey from an Appreciative Inquiry Approach:

Stage 1: NARRATIVE-Recognizing God's Story

The Recognition of God; Powerlessness/Spiritual Birth/Amazement

In this stage, we begin the journey of faith. Characteristics of this stage include a sense of awe, an awareness of God, and a pursuit for meaning. We plug into God's story. These stories help us to discover the 'positive core' of spiritual purpose and meaning and what gives life to it when it is at its best. By accepting these stories the person begins to appreciate God and themselves. When this happens significant transformations begin to occur. Becoming part of God's narrative is important in moving from the first to the second stage.

Stage 2-DREAM- Imagining God's vision

The Life of Imagination; Power of Association

Stage two is characterized as a time of imagining and envisioning, and a sense of rightness and security in our faith. It is a season of filling and receiving. This is a time of imagining what could be instead of fearing the future. A person is encouraged to imagine and co-create the future with God. They are encouraged to envision God's actions recalled in the 'discover' phase from which the positive core of God's truth are found. "What would things be like if...?" As we transition from stage two to stage three, we begin to acknowledge potential gifts and faithfulness and seek to steward them well. We begin to imagine faith possibilities, which God can set in motion for the second stage--
DESIGN

Stage 3-DESIGN-turning God's vision into reality

The Creative Life; Power of Accomplishment

Faith at this stage is about working with God, creating a partnership. A characteristic of this stage is a growing awareness of our worldview and what we believe. This is transformational change and it begins by listing important values, which give life, i.e. eternal values, and how we will use them in the future. In this collaborative design approach you will consider four essentials: 1) Design elements—the place where my dream will become a reality 2) Identify who's going to be involved in making my dream come true; 3) Identify themes within your story; and 4) Write those themes down as "propositions."

Two things need to be focused on in this phase: a journey inward and a journey outward. A journey inward considers the *power of reflection*. Up until now we have not considered the scary reality of committing our dreams to the future. For some, this could involve a certain amount of anxiety as God is released from our worldview and our faith is tested. The proposals we create in this phase become the documents by which we commit our dreams to God.

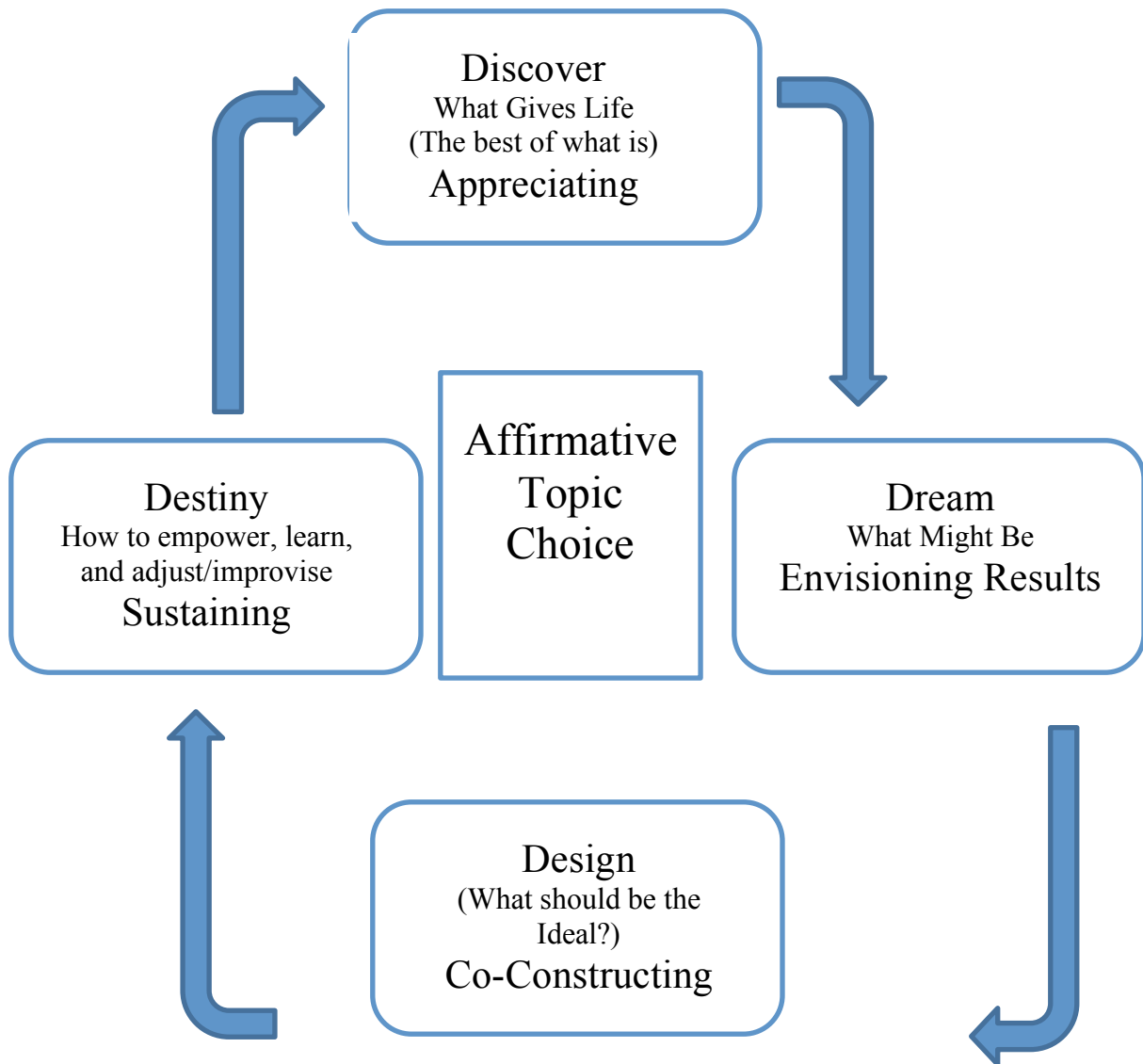
The second thing you should focus on in this phase is on the journey outward—*the power of purpose*. Our proposals should not only be individual plans but they should involve others. This means that we work out our calling within the context of community. Similar to creating individual proposals we must also consider proposals committed to sharing our spiritual journey with others (community).

Stage 4-DESTINY-sharing God's vision with others

The Life of Love; Power of Engagement

This stage is about the “living out” of the transcendent life in God with God's people. People in this stage are characterized by wisdom gained from life's struggles, a life abandoned to God. It is in this phase we have opportunity to empower others with our stories, continue to learn, and ensure that we are doing everything possible to sustain our spiritual journey.

The 4-D Cycle



* Adopted from the book, *Appreciative Inquiry Handbook: For Leaders of Change* by David Cooperrider and Dana Whitney, 2008

Four Spiritual World Views

1. THEISM

Theism is the belief in one God as creator and ruler of the universe, without rejection of revelation. God is **intimate** and **revelatory**.



2. DEISM

God is indifferent



3. NATURALISM

Truth is revealed through nature not revelation (i.e. Humanism)



4. PANTHEISM

The belief that God, or a group of gods, is identical with the whole natural world; pantheism comes from the Greek root meaning “belief that everything is a god.”



Journal Page-Spiritual World Views

1. What most struck you about today's session?

2. How do your spiritual worldview impact your recovery?

Name: _____

Date: _____

Spiritual Practices

Objectives:

1. Learn about the “right angle” of spiritual formation
2. Learn about different spiritual practices
3. Learn the 4-D Cycle of Change as a spiritual practice/discipline
4. Learn how spiritual practices/disciplines shape identity

Procedures:

“In the spiritual life, discipline means to create that space in which something can happen that you hadn’t planned or counted on.” –Henry Nouwen

- Nouwen’s idea rings true to my experience. Discipline, ironically, leads to spontaneity
- Consider Principle 4 of Acceptance Commitment Therapy (ACT).

Observing Self as a “meditative spiritual discipline” To understand the principle of the Observing Self is to comprehend that when we become aware of our thoughts, there are actually two processes occurring: that of thinking, and that of observing the thinking. We can draw the client’s attention – again and again if necessary – to the distinction between the thoughts that arise and the self that is observing them.

Shaping our identity to what we believe is what spiritual formation is all about. We use spiritual practices/disciplines to shape our identity so that distress of the painful event of trauma moves forward past the “recovery story” to the “New Life—thriving story” It is important to consider that painful memories from trauma can continue to exist or not exist dependent on our discipline to exercise spiritual practices.

1. A “right angle” should exist in spiritual practice: (1) vertical (direct revelatory truth) (2) horizontal (community).
2. Spiritual practices come in many forms and methods. Here are several I have used over the years (see handout).
3. Spiritual formation takes into consideration spiritual objectives. For example, if one believes in the God of the Bible then the main objective is to glorify God in all things. We can think of spiritual objectives as “spiritual goals” which serve to move us along our spiritual journey. One way to help us achieve this is to consider a goal-setting framework of hope (see handout).

4. The 4-D Cycle of Appreciative Inquiry can be used as a spiritual discipline for change and growth (see handout). This tool, together with the use of goal setting and the other spiritual disciplines mentioned, can be an effective way to practice spirituality.

5. Appreciative Soul Therapy: 4-D Cycle Questionnaire/Homework

6. Further reflection: Write in your Journal this week.

Lectio Divina

Lectio Divina is an ancient spiritual practice from the Christian monastic tradition. The title *Lectio Divina* means, “holy reading” in Latin. It strives to experience the presence of God through four movements: reading and listening, meditation, prayer, and contemplation.

Practicing Lectio Divina Individually

1. Text

Begin by choosing a section of Scripture that you would like to read and pray. You can choose the text randomly or use a liturgical book, such as The Book of Common Prayer. Try not to set a goal for how much content you will cover; the goal is to listen for God and to experience his presence.

2. Preparation

Do what you must to quiet and prepare yourself to hear from God. If you need to find a quiet room, sit in silence for several minutes, or sit in a comfortable chair, take whatever posture will help you prepare to receive and experience God’s presence.

3. Reading/Listening

When you sense that your heart is prepared, begin by slowly reading the passage of Scripture that you have selected. Move slowly through sentences and phrases. As you read, pay attention to what word, phrase, or idea catches your attention.

4. Meditation

Next, begin to meditate on the word, phrase, or idea that has captured your attention. Repeat it again and again. (Think of **Mindfulness** exercises) Consider: What thoughts come to mind as you meditate on this word, phrase, or idea? What are you reminded of in your life? What does it make you hope for? Meditation is no easy task—as you try to concentrate don’t be disappointed if random thoughts enter your head. As they do, offer them to God.

5. Prayer

Now begin to speak to God. Tell God what word, phrase, or idea captured your attention and what came to mind as you meditated upon it. How is God using this word, phrase, or idea to bless and transform you? Tell God what you have been thinking and feeling as you’ve listened and meditated. Tell God how you hope this word, phrase, or idea will change your heart to be more like His.

6. Contemplation

Finish by focusing your attention on the fact that God's presence is with you. If as you try to focus on God's presence you sense a need to read the text again, to continue meditating, or to simply continue talking with God, allow yourself to do so. As you do, know that you are in the presence of God.

*Cited reference is

<https://www.prechitteachit.org/fileadmin/SiteFiles/LegacyUploads/PracticesLectioDivina.pdf>

Prayer of Examen

This spiritual exercise encourages people to engage go deeper with God. It aims to draw close to God and become more aware of his presence while experiencing the Holy Spirit's guidance and direction.

Practicing the Prayer of Examen

This Prayer of Examen is primarily an exercise in remembering. One is invited, through four portions [presence, gratitude, review, and response], to concentrate on experiences and encounters from the past 24 hours. The beauty of the practice is its simplicity; it is more a guide than a prescription. If some portion feels especially important on a given day, feel the freedom to spend all or most of your time in that portion. The purpose is to increase awareness and sensitivity, not to finish or accomplish a task.

For this practice

- A comfortable and relatively quiet location is likely most conducive for reflecting
- The experience doesn't need to be a certain length—as little as ten minutes could be sufficient, and you could spend more time on certain portions compared to others
- It might be helpful to journal your thoughts and recollections or to write out what you notice during your times of prayer
- Consider sharing your experiences: allow encouragement and insight from others to influence you and cheer you on, and when appropriate give the same, together striving to be an ever-faithful “community of solitudes”*

*Cited reference is http://www.websterpresby.org/files/adult_ministries/the_prayer_of_examen_guided.pdf

The Daily Office

The Daily Office is a set rhythm of reading the Scriptures, singing, and prayer. Sometimes called the Liturgy of the Hours, it originally developed when early Christians continued the Jewish practice of reciting prayers and songs at certain hours. Priests, monks, and followers of Jesus the world over observe the Daily Office, even today. The Daily Office is often different from a devotional time, as the purpose of the Daily Office is simply to spend time in the presence of God, nothing more. With the first prayers of the Office beginning at 3:45am, many people choose to participate in only certain parts of the Daily Office rather than its entirety.

Resources:

There are a number of ways to incorporate the Daily Office into your day. The following resources will be helpful if you're interested in participating in the Daily Office.

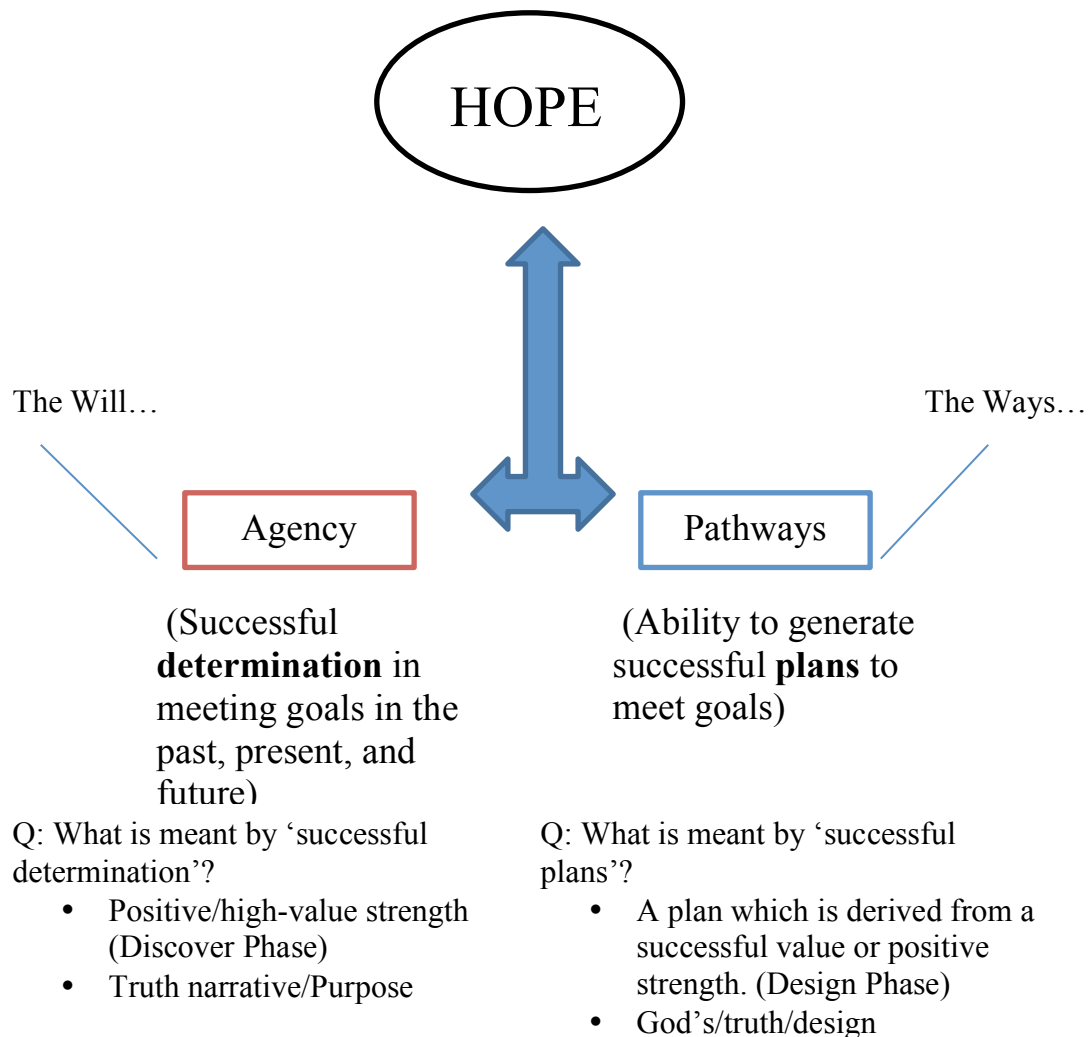
- *Emotionally Healthy Spirituality* by Peter Scazzero [Integrity, 2006]
Chapter Eight provides an introduction to the Daily Office and how it can be incorporated into a daily spiritual practice.
- *The Little Book of Hours: Praying with the Community of Jesus* by the Community of Jesus [Paraclete, 2003]
Chapter Eight provides an introduction to the Daily Office and how it can be incorporated into a daily spiritual practice.
- *Face to Face: Praying the Scriptures* by Kenneth Boa [Zondervan, 1997]
- *The Primer* by Robert E. Webber [Paraclete, 2000]

Cited reference is <http://yourspiritualhub.com/DailyOffice.pdf>

Appreciative Inquiry and Goal Setting: Integration of Cognitive and Spiritual Hope

“Where there is a will there is a way...”

Goal Setting Framework



Agency + Pathway = HOPE
Need Both!

Reference cited from: http://artsintegratedresources.org/wp-content/uploads/2015/10/The-Will-and-the-Ways_Validation-of-Hope_Snyder.pdf

Appreciative Therapy: 4-D Cycle Questionnaire and Homework

Session One: *Discovery* characterizes the first session of the *Appreciative Soul Therapy* model. The question “What positive ways have you experienced God?” guides the entire session. **Practice** (Philippians 4:8-9) is the positive emotion emphasized.

The following questions are utilized to facilitate the discovery process:

1. Think back to the time before your trauma/disorder. What attracted you to your faith/God? What were the things that you loved most about God/Faith?
2. As you think over the years of your faith, you will likely recall many good times and bad times. For the moment, tell me about a memorable high point in which you felt most satisfied and pleased with your faith/God.
3. Suppose that I have a conversation with someone who knows you well. What would this person say are your greatest strengths that you bring to your relationship with God/faith?
4. Imagine that it is now 2020 and that you have a meaningful and stable faith relationship. Describe three things that made it possible.
5. Homework: In order for positive change to occur in a faith relationship, you must experience satisfaction about the past. Pertaining to the good times, identify three things that you are appreciative/thankful for about God/faith. Pertaining to the bad times, identify three things that you need to ask for forgiveness from God/others.

1. _____
2. _____
3. _____

Session Two: *Dream* characterizes the second session of the Appreciative Therapy model

The question “What do you think is God’s vision for you?” guides the entire session.

Prize (Philippians 3:13-14) is the positive emotion emphasized. The following questions are utilized to facilitate the dreaming process:

1. Review and discussion of homework assignment.
2. Miracle Question: Suppose that while you are asleep tonight a miracle occurs, and you wake up tomorrow morning and your spiritual life is exactly the way you would want it in the future. What would be different?
3. Scaling Question: On a scale of one to ten, how would you describe your spiritual faith now with one being the worst and ten being the best? What would have to occur for you to move up one or two points on the scale?
4. Homework: In order for positive change to occur in your spiritual life, you must also experience optimism about the future. Identify at least three positive items that you remain hopeful will occur in your spirituality in the future.

1. _____
2. _____
3. _____

Session Three: *Design* characterizes the third session of the *Appreciative Soul Therapy* model. The question “What can and should be done to make that vision happen?” guides the entire session. **Purpose** (Romans 8:28) is the positive emotion emphasized.

The following questions are utilized to facilitate the designing process:

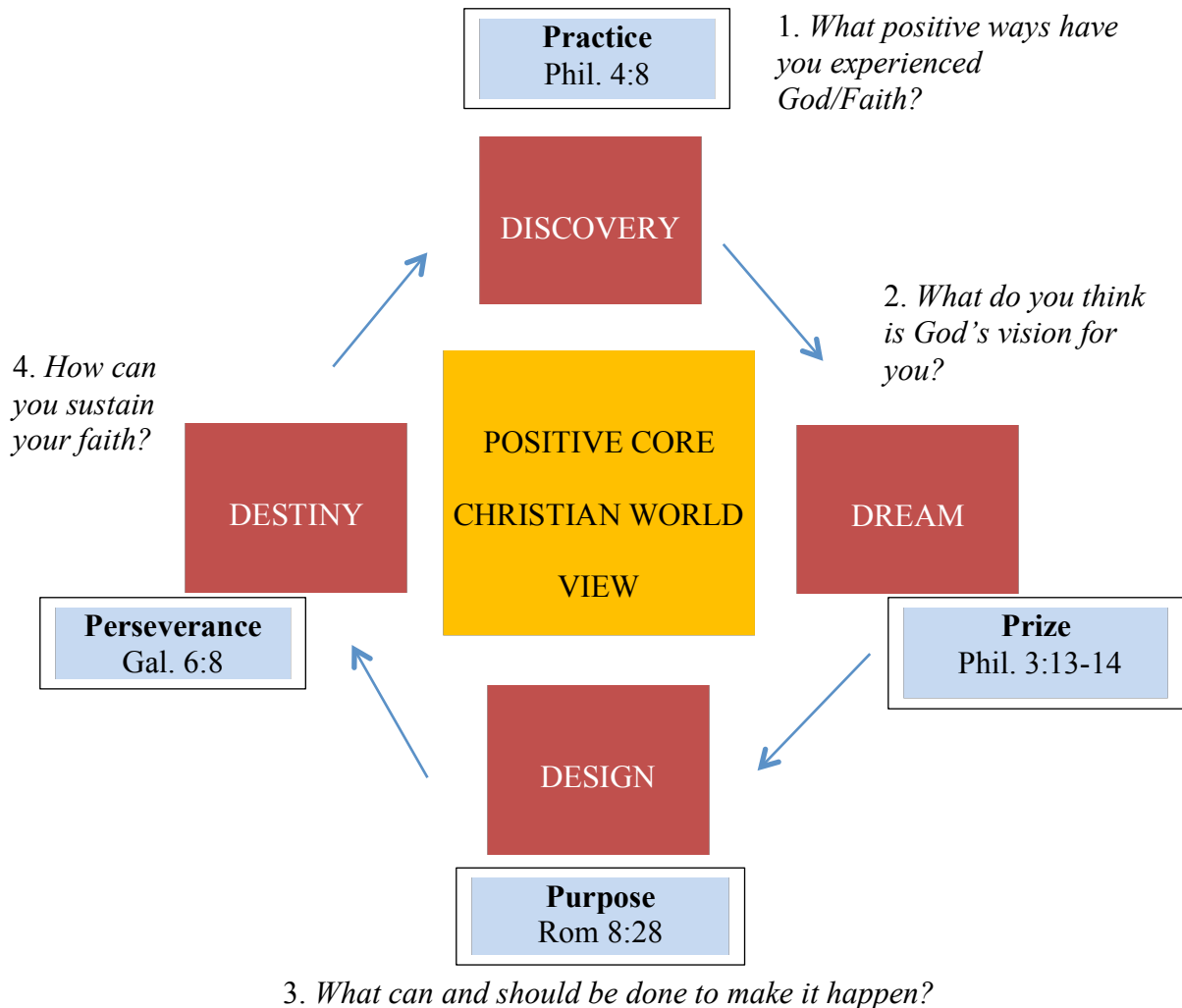
1. Review and discussion of the homework assignment.
2. Speaking directly to God, what is going to be your role in making your future dreams a reality?
3. Speaking directly to God, what can you do to bring out the very best in you/others?

4. What role will others play in creating a purposeful relationship in the present (extended family, friends, church family, etc.)?
5. Homework: In order for positive change to occur in your spiritual life, you must also experience meaningfulness/purpose during the present. Identify at least 5 enjoyable items (interests, hobbies, etc.) that you enjoy doing.
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Session Four: *Deliver* characterizes the fourth session of the *Appreciative Soul Therapy* model. The question “How can you sustain and keep practicing your faith?” guides the entire session. **Perseverance** (Galatians 6:9) is the positive emotion emphasized. The following questions are utilized to facilitate the delivering process:

1. Review and discussion of the homework assignment.
2. Reflecting upon this entire process, what are the most important things that will keep your spiritual life headed in the right direction?
3. What barriers do you anticipate will keep you from sustaining positive momentum and maintaining perseverance?
4. What are you going to do about these barriers?
5. Closure: Review of previous sessions and discussion of termination of therapy.

Appreciative Inquiry Soul Care Model Using the 4-D Cycle



*Adapted from *The Appreciative Inquiry Handbook* by David Cooperrider, 2008, p.5

Journal Page-Spiritual Practices

1. What one thing stuck out the most in today's session?

2. Why is spiritual practice important for recovery?

Name _____

Date _____

Theodicy-The Problem of Evil

“We can ignore even pleasure. But pain insists upon being attended to. God whispers to us in our pleasures, speaks in our conscience, but shouts in our pains: it is his megaphone to rouse a deaf world.” — C.S. Lewis, The Problem of Pain

Objectives:

1. Understand the meaning of Theodicy
2. Understand the universal tension created by this dilemma
3. Learn how resolution of this tension affects your belief in God and in yourself
4. Learn about the consequences of failing to examine your current beliefs

Story: SFC and Her Girls

Procedures:

1. Understand the meaning of Theodicy

Theodicy: “How could a holy and loving God who is in control of all things allow evil to exist?” A theodicy is “a theological construct whose purpose is to answer this question. The word is a combination of Greek and Latin terms meaning ‘God’ and ‘Right’. The dilemma of theodicy refers to the “problem of evil.” If God is all-powerful, and God is all-good, how does God allow evil to exist in the world? This notion creates tension between belief in God as a powerful being and the horror you have experienced during trauma. This is a universal question, spread across all religions and all belief systems.

2. Understand the universal tension and resolution created by this dilemma. Think back to the FREEZE ZONE. In response to this dilemma many people change their view of God for example:

- A. God is not all-powerful. God is not all good. God does not exist.
- B. Evil in the world is a punishment for all of humankind’s sins; it may bring some greater good.
- C. Many take a personal view, which impacts the way that they think and feel about themselves: I am to blame. I am no good. I am a failure.
- D. Trying to live with the tension, without resolving it leaves one angry at God or not believing in God. This also impacts existential (concerned with or relating to existence, especially human existence) issues for atheists (e.g. confirmation of no God).

3. Learn how resolution of this tension affects your belief in God and yourself: Ask yourself if your view of God ever changed in response to the “problem of evil?”
4. Learn about the consequences of failing to examine your correct beliefs: Not examining one’s anger at God may lead to an unhealthy lifestyle and decreased well-being. Can you name some? Some examples: Increased substance abuse, poorer overall health, feeling of failure, feeling that God is punishing me, and self-blame and guilt.
5. Two important principles lie behind any adequate exploration of providence and evil. One is that evil is what God opposes. The old phrase was “God is in no way the author of evil.” But the more adequate phrase is “God always acts to overcome evil.” The second is that God has shared the human suffering in the world and continues to share that suffering (sometimes for our own good).
6. Further Reflection: Complete your Journal Page over the course of this week.

Whole Truth Telling: The Three Truths

1. **The Victim story:** A bad thing happened. This is the story of the negative event and the circumstances that gave rise to suffering, pain, fear, and anger. Victim stories are often typified by a focus on the emotional effect of the trauma has had on the person, rather than the actual events. **Rather than pursuing ideas of blame we need to be able to recognize our own acts that contributed to our injury if we are also to be able to recognize what we did to survive the injury.**

2. **The Survivor story:** The veteran or group has survived the trauma. This second story is crucial because many people who have experienced trauma do not realize, from a psychological perspective, that they survived. They are trapped or frozen in the trauma and need to discover that they survived. While others may have rescued you, you need to focus on what you did to ensure your survival. **In the telling of these stories of survival you are “remembered” into a state of resourcefulness.** You can discover strengths where previously you only saw weakness and put these strengths to work, not in re-living your past, but creating your future.

Both the story of the bad thing that happened and the story of survival need to be told in relationship to each other. If the veteran only tells the stories of the negative thing that happened, then he/she will foster victim consciousness and keep themselves in the “Freeze” zone of their past. If they only tell the positive stories of how they survived, they would minimize their suffering and foster denial. Veterans need to tell both stories, because each only has meaning in relationship to the other. Only when both stories are told can veterans create the possibility of transformed living in the Life that is beyond the notion of positive and negative. This leads us to the third truth that needs to be told.

3. **The Thriver story:** Despite the trauma, there is a life-giving future to be lived. I have heard people who have gone through horrendous ordeals say: “While I wouldn’t wish this

on anyone, including myself, I know I am a better person for it and my life today is much richer for the experience” (I.e. boot camp/basic training).

Chaplain O. J. Di Iulio **copyright © 2010**

Journal Page-Theodicy

1. Identify how you have attempted to explain why bad things happen?
2. Write your reactions to this session. What was the one thing that stuck out for you?

Name: _____

Date: _____

Forgiveness: Moving Forward Into a Preferred Future

Objectives:

1. Understand that forgiveness is a separation. Slows recovery in trauma
2. Understand what forgiveness is and what it is not
3. Understand the definition of forgiveness
4. Learn about the barriers to forgiveness
5. Learn about the steps toward forgiveness
6. Understanding forgiveness as a lifestyle

Focus: Separation within varied relationships plays an integral part in spiritual recovery creating the need to forgive.

1. Every time we make the decision to go against one of God's laws, three separations potentially occur:

A. Separation between you and God

When we make a decision to put ourselves in God's place and do something morally wrong, it is an offense to God. Our hearts are separated. This is how it can feel between God and us.

B. Separation between you and another person

When we do something that injures another person in some way, this too results in alienation. It is imperative that we set everything aside and be reconciled to the person we offend.

C. Separation between you and you

Our fallen nature brings about a separation between who you are and how God is working out his plan in your life. There is an ongoing spiritual war (cosmic battle) taking place in our souls. It's like two dogs fighting inside of you—a good one and a bad one. The one you feed wins—living in the Lie feeds the bad dog.

2. Understand what forgiveness is and what it is not:

A. Forgiveness IS:

1. An opportunity to transform suffering into bearable pain. As you let go and accept the anger, rage, and resentment you may feel less stuck, loosening the hold that the event and the emotions have on you.
2. It is a process—it will take time.
3. Something that you do for you AND for the other person.

4. Your personal response may involve a clarification of responsibility in the aftermath of the trauma, including working through self-blame and guilt.

B. Forgiveness is NOT:

1. The same as forgetting
2. Condoning (overlooking, excusing) the act
3. Reconciliation

3. Definition of Forgiveness: The process of replacing negative thoughts, feelings, and reactions towards the offender (and often towards oneself), and replacing them with the truth, as well as seeking to gain a more compassionate understanding of the offender (i.e. vertical and horizontal paradigm).

4. Barriers to forgiveness:

A. Fear that the offense will be repeated (this is especially likely in situations where hostility and mistrust exist).

B. Fear of appearing weak

C. Belief that justice will not be served

5. Steps towards forgiveness:

A. Making Amends. Since guilt includes a desire to repair the damage done to a relationship, we need to include making amends as part of the forgiveness process.

Making amends may be as simple as apologizing to someone or it could be something extensive as you correct what you have done. When making amends, it is important to consider your motivation for the amends. Making amends is not about buying forgiveness, or paying for our errors, or trying to correct the past. Making amends is about creating a better future for yourself and the community that you have injured. We also need to ensure that the recipient of your amends is free to reject your offer.

Sometimes the amends can be used inappropriately to manipulate the person we have hurt. We need to be clear that we are not trying to buy their love, or influence how they think of us; we are simply taking responsibility to repair the hurt we have caused.

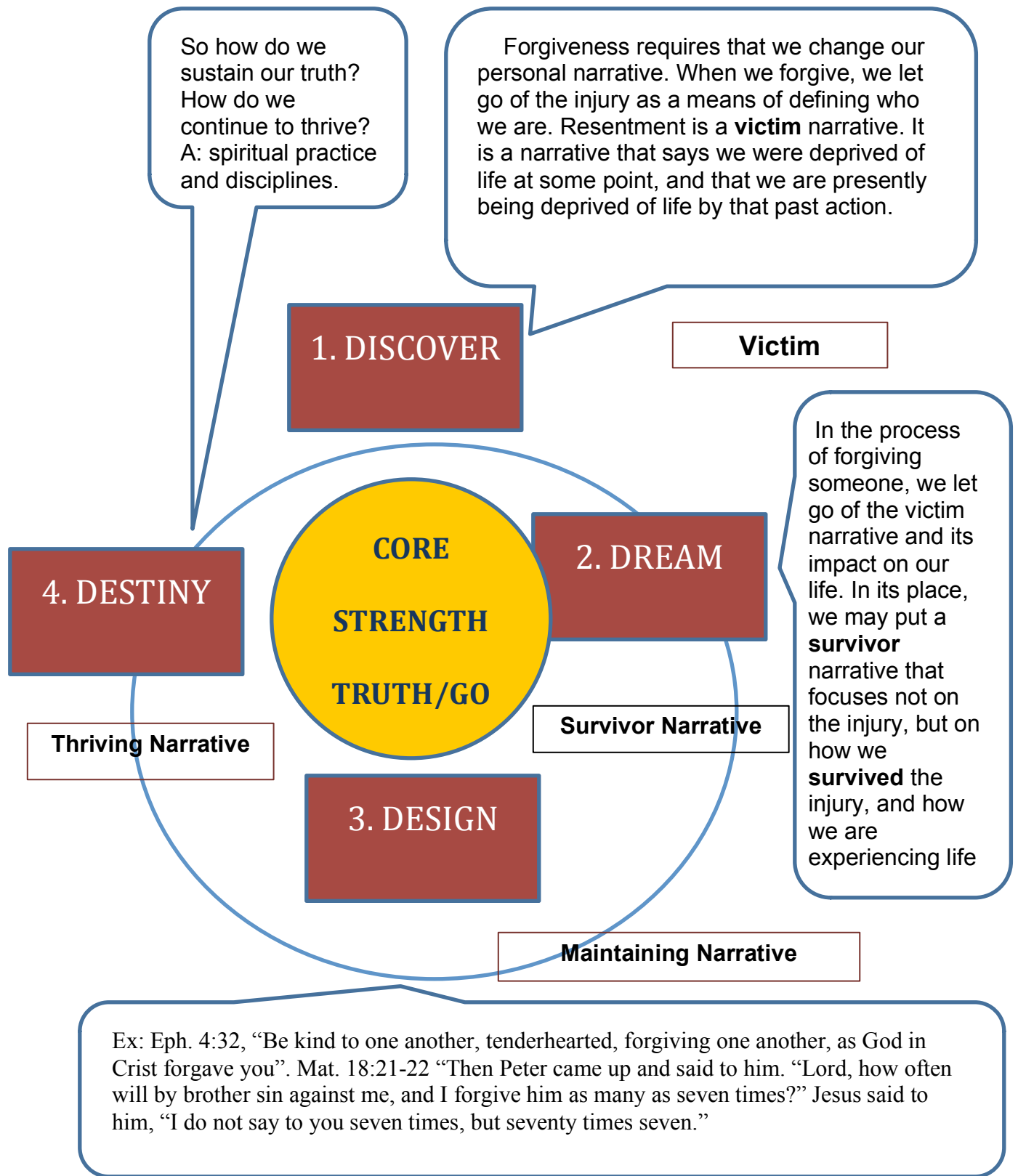
B. Transforming Personal Demands into Preferences. Forgiveness involves transforming the demands we make on ourselves and converting them into preferences. Transforming a personal demand into a personal preference requires that we evaluate the values and standards we choose to live by. As we go forward into our future we need to decide which standards we want to keep, and which ones we want to relinquish. This intentional choosing of standards is important if we are to authentically own and live our standards and move forward. Keeping our standards (eternal values) as personal preferences also compassionately acknowledges that we are finite creatures who may fail to keep to our standards.

C. 4-D Cycle and Forgiveness. Take the initiative. Reframe the event in truth not feelings by using this simple change model. Identify the meaning inherent in your choice to forgive and/or repair it. This model will help you discover the meaning behind the act, ultimately helping you to forgive others. (See attachment: Forgiveness and Appreciative Inquiry)

6. Further Reflection: Understanding forgiveness as a lifestyle: Think of what it would mean to have forgiveness as a lifestyle, to be able to routinely let go of the little things. Write down your thoughts on the Journal Page.

D. Provocative Propositions (exercise).

Forgiveness & Appreciative Inquiry



Journal Page- Forgiveness: Moving Forward Into a Preferred Future

1. What do think about forgiveness and how has today's material/discussion helped you in this area?

2. Begin working through the 4-D Cycle with someone who you need to forgive.

Name: _____ Date: _____

Life-Giving Values-Affirming Life!

Objectives:

1. Learn the definition of a life-giving value
2. Identify personal values
3. Distinguish an eternal value from a temporal vehicle
4. Learn how values impact behavior in a solution-focused approach/world view

Procedures:

1. Definition of a life-giving value. Life-giving values are ideas and beliefs that we hold as important, moral, and that affirm life. Eternal values cannot be owned by people but instead, *temporarily* reside with the person.

2. Values are adopted.

A. People learn their values from various places and people. Examples include family, parents, peers, schools, teachers, religious institutions, popular culture, military, and politics. This collection of values can be referred to as a “Covenant of ideas.”

3. Have you ever heard the quote, “*To resent is Human, to forgive is Divine*”? In other words, “*stop trying to do it in your strength and rest in God’s strength.*” Trying to forgive some people can be a huge agonizing mountain to climb. The good news is that we don’t need to forgive them on our own; rather, we can stop trying to forgive them ourselves, and become part of God’s forgiveness for them. Forgiveness is not something we do, it is something we join or become “one with” God, by accepting his grace.

4. Staying true to one’s values is a part of being authentic. It is important to distinguish between temporal and eternal qualities. Is there a discrepancy between your values and your behavior? If so, what do you need to change to be authentic? Life-giving values are the “scaffolding” to authentic character. Maybe we are afraid to be authentic? (Front/back stage metaphor)

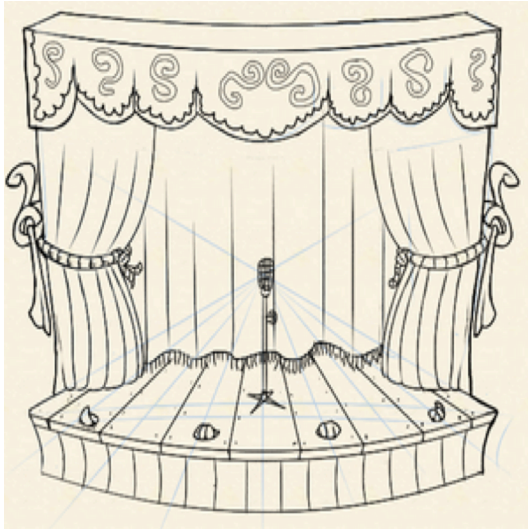
5. One way to maintain your life-giving value is to convert demands into preferences. This is an effective strategy for realistically imaging the future.

A. Going through recovery demanding that things and people be or act a certain way is a really good way to experience disappointment and frustration. Demanding that the future be a certain way does not take into account that many things, including people, are beyond our control. Preferring and working to make things a certain way honors our values and gives us flexibility when things don’t work out the way we prefer.

B. After we have released a person from our demands, we can surrender both ourselves and the other person into unconditional love. It is in that love that we can let the person take responsibility for their lives free from our manipulations, expectations, and desires. It is also in that love that we can turn from past injury, take responsibility and create our future in a manner that is consistent with our values.

6. Further Reflection. Complete your Journal Page over the course of this week and come prepared to ask questions.

A STRATEGY FOR DEFENDING AUTHENTICITY*



Psychologist Dr. Erving Goffman based a theory about human behavior on the metaphor of a theatre. He proposed that, instead of looking inwards at where our behavior comes from, we should look outwards, at what our behavior is trying to achieve. Goffman suggested that over time behavior develops as a strategy to reduce the risks and threats presented by other people.

Front stage:

- Win approval
- Achieve success
- Promote ourselves

GOOD
STUFF

Sense of conviction and confidence

UGLY STUFF

Back stage:

- The source for all that the person cannot make visible—the doubts, the confusions, the ambiguities, and the defeats.

Sense of struggle and uncertainties

RESULT: Living two lives: a public life front stage and a private life backstage

1. First thing we need to realize is that the front stage and back stage are always connected. In fact, their relationship is reciprocal. What happens is that the front stage drives what happens on the back stage, and vice versa. The backstage habit is a direct response to a deficit of power on the front stage.

Front stage:

- deep-rooted anxiety,
- fear,
- consequences of sexual abuse/trauma

Back Stage:

- Drugs
- Alcohol
- Self-harm
- Avoidance (values/people)

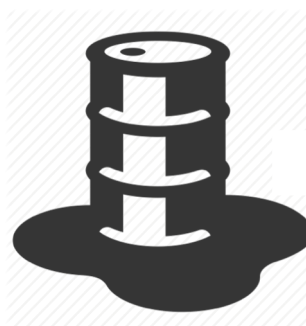
[DISPLACEMENT]



...IS A PSYCHOLOGICAL WAY HOW TO COPE

2. Second thing we need to realize is that the more attention we consciously pay to one of our stages the less we will be able to pay to the other. The person who devotes himself or herself to their front stage performance has very little spare attention to give to their backstage life.

3. We need to realize that the two stages can never be kept completely separate—what goes on in one stage will always make itself visible in some way or another on the other. One of the ways this happens is through leakage. Emotional needs are pushed backstage generate resentment, envy, pride, anger and even rage. The pressure of these powerful feelings builds up backstage, until they begin to leak out onto the front stage



LEAKAGE

*Adapted from the book *Leading out of Who You Are: Discovering the Secret of Undefended Leadership*, by Simon Walker, Carlisle, CA: 2007), 53-60.

Journal Page-Life-Giving Values

1. Write down an eternal value that says, “yes” to life and list several ways in which it impacts you, your community, and your recovery.

2. Write your reactions to this session. What was the one thing that stuck out in the session?

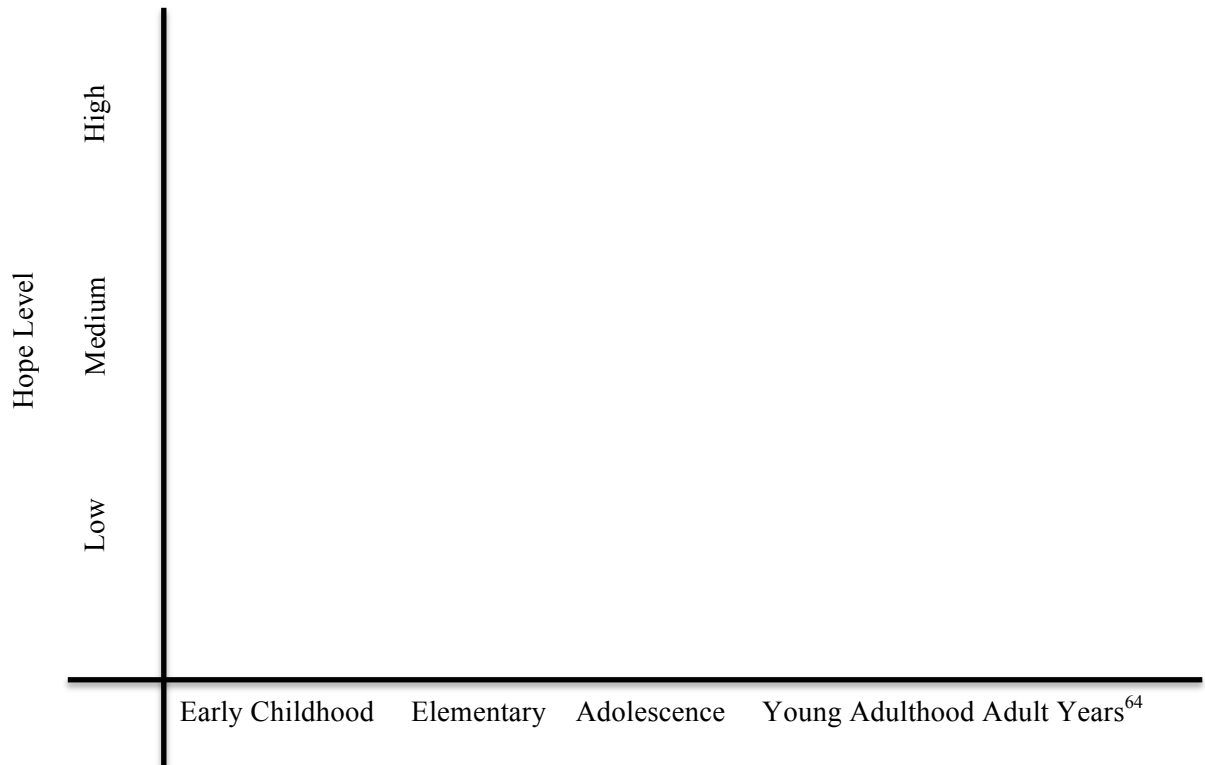
Name: _____

Date: _____

APPENDIX C

THE EXPERIENCE OF HOPE

Please take a few minutes and chart your hope level on the graph below. Chart your levels from low to high over your life span, beginning with early childhood and ending with your present adult years.



Once you are finished with your chart answer the two questions:

1. What key incidents in your life took hope from you?
2. What incidents made you more hopeful?

⁶⁴ Rene Schlaepfer, *The Hope Experience: 50 Days of Hope* (Santa Cruz, CA: Twin Lakes Church, 2009), 14.

APPENDIX D
THE HOPE SCALE

The Future Scale

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

- | | |
|-----------------------|----------------------|
| 1. = Definitely False | 5. = Slightly True |
| 2. = Mostly False | 6. = Somewhat True |
| 3. = Somewhat False | 7. = Mostly True |
| 4. = Slightly False | 8. = Definitely True |

- ___ 1. I can think of many ways to get out of a jam.
- ___ 2. I energetically pursue my goals.
- ___ 3. I feel tired most of the time.
- ___ 4. There are lots of ways around any problem.
- ___ 5. I am easily downed in an argument.
- ___ 6. I can think of many ways to get the things in life that are important to me.
- ___ 7. I worry about my health.
- ___ 8. Even when others get discouraged, I know I can find a way to solve the problem.
- ___ 9. My past experiences have prepared me well for my future.
- ___ 10. I've been pretty successful in life.
- ___ 11. I usually find myself worrying about something.
- ___ 12. I meet the goals that I set for myself. (For post-survey use only)⁶⁵

CONFIDENTIALITY CLAUSE

This survey/scale is strictly confidential and is to be used exclusively by Chaplain O.J. Di Iulio for personal, academic, and professional purposes only. Under no circumstances will the information/data results of this survey be distributed or used beyond the purposes herein stated. Thank you for your participation.

⁶⁵ Charles Snyder, 585.

APPENDIX E
THE VIEW OF GOD ASSESSMENT

TO WHAT DEGREE DO I FEEL THAT GOD IS LIKE THIS TOWARD ME?					
	Never	Rarely	Sometimes	Often	Always
Gentle					
Harsh					
Loving					
Aloof					
Sympathetic					
Unconcerned					
Close					
Distant					
Kind					
Angry					
Supportive					
Demanding					
Gracious					
Provider					
Ignores me					
Rejoices over me					
Consistent					
Unpredictable					
Just					
Unfair					

*Chart adapted from Norman Wright's *Tomorrow Can Be Different*⁶⁶

⁶⁶ Rene Schlaepfer, *The Hope Experience*, 14 As adapted from H. Norman Write, *Tomorrow Can Be Different* (Grand Rapids, MI: Fleming H. Revell, 1995) 53-59.

BIBLIOGRAPHY

- Abernethy, Andrew T. ed., D.A. Carson. *New Studies in Biblical Theology: The Book of Isaiah and God's Kingdom: A Thematic-Theological Approach*. Downers Grove, IL: InterVarsity Press, 2016.
- Abou, Elizabeth and Gali Goldwaser. "Effective Psychological Treatments for Posttraumatic Stress Disorders: Prolonged Exposure Therapy." Naval Center for Combat & Operational Stress Control, (November 2009), <http://www.med.navy.mil/sites/nmcsc/nccosc/healthProfessionalsV2/Documents/prolongedExposure2.pdf> (accessed August 20, 2013).
- Adams, Jay. *What About Nouthetic Counseling?* Grand Rapids, MI: Baker Book House, 1976.
- Adams, Marilee. *Change Your Questions Change Your Life*, San Francisco: Berrett-Koehler, 2004.
- Alcoholics Anonymous World Service. *Alcoholics Anonymous: Big Book Reference Edition for Addiction Treatment*. New York: Alcoholics Anonymous World Service Inc., 2014.
- Allen, David M. *How Dysfunctional Families Spur Mental Disorders: A Balanced Approach to Resolve Problems and Reconcile Relationships*. Santa Barbara, CA: Praeger, 2010.
- Almy, Gary. *How Christian is Christian Counseling?* Wheaton: Crossway Books, 2000.
- Bell, Chip. "Courageous Leaders." *Leadership Excellence*. (accessed March 20, 2013), 28. <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=814771ff-f6fa-4ee7-959c-e9de1ecd416a%40sessionmgr111&vid=2&hid=112>
- Bass, Bernard M. and Ronald SE. Riggio, *Transformational Leadership*. 2nd Ed. New Jersey: Lawrence Erlbaum, 2006.
- Bandura, Albert. *Social Learning Theory*. New Jersey: Prentice Hall, 1977.
- Barth, Karl. *Church Dogmatics*, vol. 6, *The Doctrine of Reconciliation*. eds., G.W. Bromiley and T.F. Torrance. New York, NY: T & T Clark, 2010.
- Beck, Aaron T. *Depression: Causes and Treatment*. Philadelphia: Pennsylvania Press, 1972.
- Bennett, David. *Metaphors of Ministry: Biblical Images for Leaders and Followers*. Eugene, OR: Wipf and Stock, 2004.

- Berg, Ira K. and Steven de Shazer. *Making numbers talk: Language in therapy*. Steven Friedman ed. New York: Guilford Press, 1993.
- Beyer, Bryan E. *Encountering the Book of Isaiah: A Historical and Theological Survey*. Grand Rapids, MI: Baker, 2007.
- Blundo, Robert et al., "Hope: Research and Theory in Relation to Solution-Focused Practice and Training." *International Journal of Solution-Focused Practices* 2 (2014), 57.
- Boleman, Lee G. and Terrance E. Deal, *Reframing Organizations: Artistry, Choice, and Leadership*, 4th ed. San Francisco: Jossey-Bass, 2008.
- Bono, Giacomo and Michael McCullough. "Positive Responses to Benefit and Harm: Bringing Forgiveness and Gratitude Into Cognitive Psychotherapy." *Journal of Cognitive Psychotherapy: An International Quarterly* 20 no. 2 (2006), 1.
- Borrego, Javier Lopez-Cepero et al., "Ten Major Reviews About Positive Psychology." *Annuary of Clinical and Health Psychology* 5 (2009), 52.
<http://www.researchgate.net/ten/majorreviewpositivepsychology/32bfe501d9a.pdf> (accessed August 21, 2013).
- Branson, Mark. *Memories, Hopes, and Conversations: Appreciative Inquiry and Congregational Change*. Herndon, VA: Alban Institute, 2004
- Brown, Colin ed., *The New International Dictionary of New Testament Theology*. Grand Rapids, MI: Zondervan, 1971.
- Brown, Francis. S. R. Driver, and Charles Briggs. *The New Brown-Driver-Briggs-Gesenius Hebrew-English Lexicon*, Peabody, MA: Hendrickson, 1979
- Brueggemann, Walter. *Isaiah 40-66*. eds., Patrick Miller and David Bartlett. Louisville, KY: Westminster Press, 1998.
- . *The Message of the Psalms: A Theological Commentary*. Minneapolis, MN: Augsburg, 1984.
- Burns, James M. *Leadership*. New York: Harper & Row, 1978.
- Bushe, Gervase R. "Appreciative Inquiry: Theory and Critique." eds., D. Boje, B. Burnes, and J. Hassard. *The Routledge Companion To Organizational Change* 2010. Accessed August 20, 2013. <http://www.gervasebushe.ca/AITC.pdf>.

- . “Generative Process, Generative Outcome: The Transformational Potential of Appreciative Inquiry.” Accessed July 2, 2013.
http://www.gervasebushe.ca/AI_generativity.pdf.
- Cahill, Steven et al. “Dissemination of exposure therapy in the treatment of posttraumatic stress disorder.” *Journal of Trauma Stress* 19 2006. Accessed July 7, 2013.
<http://onlinelibrary.wiley.com/doi/10.1002/jts.20173/pdf>.
- Calvin, John. *Isaiah*. The Crossway Classic Commentaries. Wheaton, IL: Crossway, 2000.
- Carson, D.A. *The Cross and Christian Ministry: Leadership Lessons from 1 Corinthians*. Grand Rapids, Mich.: Baker Books, 1993.
- Chaffee, Paul. “Claiming the Light: Appreciative Inquiry & Corporate Transformation.” Accessed July 3, 2013.
<http://appreciativeinquiry.case.edu/research/bibPublishedDetail.cfm?coid=3415>.
- Chard, Kathleen M. et. al. “A Comparison of OEF and OIF veterans and Vietnam veterans Receiving Cognitive Processing Therapy.” *Journal of Traumatic Stress* 23 no.1 25-32. Accessed August 28, 2013.
<http://onlinelibrary.wiley.com/doi/10.1002/jts.20500/pdf>.
- Clarke, David. “Faith and Hope.” *Australasian Psychiatry*, 11 no 2. June 2003. Accessed June, 2013.
<Http://content.ebscohost.com.proxy.gordonconwell.edu/CounterServer.asp>.
- Collins, Gary. *Christian Counseling: A Comprehensive Guide*. Dallas, TX: Word Publishing, 1988.
- Connors, Russell and Patrick McCormick, *Character, Choices & Community: The Three Faces of Christian Ethics*. New York: Paulist Press, 1998.
- Cooperrider David and Dian Whitney. “A Positive Revolution in Change.” AI Commons, 1999. Accessed June 2013.
<https://appreciativeinquiry.case.edu/uploads/whatisai.pdf>.
- . Diana Whitney, and Jacqueline Stavros. *Appreciative Inquiry Handbook: For Leaders of Change*, 2nd ed. San Francisco, CA: Berrett-Koehler, 2008.
- Cooper-White, Pamela *Shared Wisdom: Use of the Self-Pastoral Care and Counseling*. Minneapolis, MN: Fortress Press, 2004.
- Dejong, Peter and Insoo Kim Berg. *Interviewing for Solutions*. Pacific Grove, CA: Cole Publishing, 1998, 10-19.

- Demaray, C. E., Donald Metz, and Maude Stuneck. *Exploring the Old Testament*. ed., W.T. Purkiser. Kansas City, MO: Beacon Hill Press, 1955.
- Denscombe, Martin. *Ground Rules for Social Research: Guidelines for Good Practice*. Berkshire, UK: McGraw-Hill, 2010.
- Diagnostic and Statistical Manual of Mental Disorder: DSM-V*. American Psychiatric Association. Washington, DC: American Psychiatric Association, 2013.
- Emmerick, Arnold Jan Kamphius, and Paul Emmelkamp. "Treating Acute Stress Disorder and Posttraumatic Stress Disorder with Cognitive Behavioral Therapy: A randomized Control Trial," *Psychotherapy and Psychosomatics*, 77 2008. Accessed August 10, 2013. <http://www.karger.com/Article/Pdf/112886>.
- Erickson, Millard J. *Christian Theology*, Grand Rapides, MI: Baker Book House, 1985.
- Falconer, Malcolm. "CBT Goes Beyond Behaviorist Models", New Zealand Doctor. Accessed July 20, 2013. <http://psychd.co.nz/wp-content/uploads/2012/05/nzd-intro-cbt.pdf>.
- Farley, Wendy. *Tragic Vision and Divine Compassion: A Contemporary Theodicy*, Louisville, KY: Westminster John Knox Press, 1990.
- Farran, Carol, et al. *Hope and Hopelessness: Critical Clinical Constructs*, Thousand Oaks, CA: Sage Publications, 1995.
- Foa, Edna. "Prolonged Exposure Therapy: Past Present and Future." *Depression and Anxiety*, 28 2011 Accessed August 29, 2013. <http://onlinelibrary.wiley.com/doi/10.1002/da.20907/pdf>.
- , Terence Keane, Matthew Friedman, and Judith Cohen, eds., *Effective Treatment for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. 2d ed. New York: Guilford Press, 2008.
- , and Michael Kozak. "Emotional Processing of Fear: Exposure to Corrective Information," *Psychological Bulletin* 99 no. 1 (1986), 20-35. <http://dx.doi.org/10.1037/0033-2909.99.1.20> (accessed September 4, 2013).
- , and David Riggs. "Posttraumatic Stress Disorder Following Assault: Theoretical Considerations and Empirical Findings." *Current Directions in Psychological Science*, 4 no. 2 1995. Accessed August 29, 2013. <http://dx.doi.org/10.1111/1467-8721.ep10771786>.
- Ford, Leighton. *The Attentive Life: Discerning God's Presence in All Things*. Downers Grove, Mich.: Inter-Varsity Press, 2008.

- . *Transforming Leadership, Jesus' Way of Creating Vision, Shaping Values & Empowering Change*. Downers-Grove, IL: InterVarsity, 1991.
- Foy, David et al., "Trauma Focus Group Therapy for Combat-Related PTSD." *Journal of Clinical Psychology* 58 no. 8 Aug 2002. Accessed August 20, 2013.
<http://web.ebscohost.com.proxy.gordonconwell.edu/ehost>.
- Frank, Jerome and Julia Frank, *Persuasion and Healing: A Comparative study of Psychotherapy*. 3rd ed. Baltimore, MD: Johns Hopkins University Press, 1991.
- Frankl, Victor. *Man's Search For Meaning*. Boston, MA: Beacon Press, 2006.
- Fredrickson, Barbara "The Role of Positive Emotions in Positive Psychology." *American Psychologist* vol., 56 no. 1 (2001), 374.
- Friedman, Edward, Michael Thase, and Jesse Wright. "Cognitive and Behavioral Therapies." *Psychiatry* 3, (2008). 29-40.
- Gergen, Kenneth J. *An Invitation to Social Construction*. 2nd ed. Thousand Oaks, CA: Sage, 2009.
- Golafshani, Nahid. "Understanding Reliability and Validity in Qualitative Research." *The Qualitative Report*, December 2003. Accessed March 3, 2016.
<http://www.nsuworks.nova.edu/tqr/vol8/iss4/6>.
- Goodson, Jason et al. "Outcomes of Prolonged Exposure Therapy for Veterans With Posttraumatic Stress Disorder." *Journal of Traumatic Stress* 26 (August): 423-424. Accessed October 1, 2013.
<http://onlinelibrary.wiley.com/doi/10.1002/jts.21830/pdf>.
- Gottwald, Norman. *The Tribes of Yahweh: A Sociology of the Religion of Liberated Israel*, BCE Sheffield, England: Sheffield Academic, 1999.
- Grossman, Dave. *On Killing: The Psychological Cost of Learning to Kill in War and Society*. New York: Back Bay, 1996.
- Grudem, Wayne. *Systematic Theology: An Introduction to Biblical Doctrine*, Grand Rapids, MI: Inter-Varsity Press, 1994.
- Guinness, Os. *The Call: Finding and Fulfilling The Central Purpose of Your Life*. Nashville, TN: Thomas Nelson, 2003.
- Gutmann, Amy, ed. *Multiculturalism*. Princeton: Princeton University Press, 1994.
- Halpern, Baruch. *David's Secret Demons: Messiah, Murder, and Traitor, and King*. Grand Rapids, MI: Eerdmans Pub. 2001.

- Halpern, Belle and Kathy Lubar. *Leadership Presence: Dramatic Techniques to Reach Out, Motivate, and Inspire*. New York, NY: Gotham Books, 2003.
- Hall, Edward. *Beyond Culture*. New York, NY: Anchor Books, 1989.
- Hamblen, Jessica. "Treatment for PTSD." National Center for PTSD, U.S. Department of Veterans Affairs. Accessed March 2013.
<http://www.ptsd.va.gov/public/pages/treatment-ptsd.asp>.
- Hammond, Sue. *The Thin Book of Appreciative Inquiry*. Bend, OR: Thin Book, 1998.
- Hanson, Paul D. *Isaiah 44-66: Interpretation: A Bible Commentary for Teaching and Preaching*. Louisville, KY: Westminster John Knox Press, 1995.
- Harris Murray, *Slave of Christ: A New Testament Metaphor for Total Devotion to Christ*. Edited by D.A. Carson. Downers Grove, IL: InterVarsity, 1999.
- Harris, R. Laird, Gleason L. Archer, Jr. and Bruce K. Waltke. *Theological Wordbook of the Old Testament*. Chicago, IL: Moody, 1980.
- Haughton, Rosemary L. *Images for Change: The Transformation of Society*. New York and Mahwah, NJ: Paulist Press, 1997.
- Hayes, Steven. *Get out of Your Mind and Into Your Life: The New Acceptance & Commitment*. Therapy Oakland: CA: New Harbinger, 2005.
- . and Jason Lillis, *Acceptance and Commitment Therapy*, Washington, DC: American Psychological Association, 2012.
- Heschel, Abraham Joshua. *The Prophets*. Peabody, MA: Hendrickson, 2010.
- Hill, Clara and Sarah Knox. "The Use of Dreams in Modern Psychotherapy" *International Review of Neurobiology* vol., 92 (2010), 291-317.
- Hollinger, Dennis. *Head, Heart, and Hands: Bringing Together Christian Thought, Passion and Action*. Downers Grove, IL: InterVarsity Press, 2005.
- Hunter, Rodney J. *Dictionary of Pastoral Care and Counseling*, Edited by Newton Malony, Liston Mills, and John Patton. Nashville: Abingdon Press, 1990.
- Ingram, Rick. "Origins of Cognitive Vulnerability to Depression." *Cognitive Therapy and Research* 27, no.1 (2003), 78.
- Kaiser, Walter C. *The Promise-Plan of God: A Biblical Theology of the Old and New Testaments*. Grand Rapids, MI: Zondervan, 2008.

- Karlin, Bradley et al., "Dissemination of Evidence-Based Psychological Treatments for Posttraumatic Stress Disorder in the veterans Health Administration." *Journal of Traumatic Stress* 23 no. 6 (December 2010): 670-671. Accessed October 1, 2013. <http://onlinelibrary.wiley.com/doi/10.1002/jts.20588/pdf>.
- Kashdana, Todd et al. "Gratitude and Hedonic and Eudaimonic Well-Being in Vietnam War Veterans." *Behavior Research and Therapy*, 44, (2006). 16-22.
- Kavanagh, Tricia et al., "Process Evaluation of Appreciative Inquiry to Translate Pain Management Evidence Into Pediatric Nursing Practice." *Implementation Science* 5 (2010): 5-10. Accessed July 20, 2013. <http://www.biomedcentral.com/content/pdf/1748-5908-5-90.pdf>.
- Keane, Terence and Danny Kaloupek. "Cognitive Behavior Therapy in the Treatment of Posttraumatic Stress Disorder." *The Clinical Psychologist*, 49, no 1. (1996). 7-8.
- Kegan, Robert and Lisa L. Lahey. *Immunity to Change: How to Overcome it and Unlock the Potential in Yourself and Your Organization*. Boston, MA: Harvard Business Press, 2009.
- Keil, C. F. and F. Delitzsch. *Psalms, vol. 5 of the Commentary on the Old Testament*. trans., James Martin Grand Rapids, MI: 1982.
- Kellemen, Robert. *A Theology of Soul Care and Spiritual Direction: Soul Physicians*. Winona Lake, IN: BMH, 2007.
- Kelm, Jacqueline B. *Appreciative Living: The Principles of Appreciative Inquiry in Personal Life*. Charleston, SC: Venet Publishers, 2015.
- Keshgegian Flora. *Time for Hope: Practices for Living in Today's World*. New York: Continuum, 2006.
- Koenig, Harold and Harvey Cohen, eds. *The Link between Religion and Health: Psychoneuroimmunology and the Faith Factor*. Oxford, NY: Oxford Press, 2002.
- Kollar, Charles A. *Solution-Focused Pastoral Counseling: An effective Short Term Approach for Getting People Back on Track*. Grand Rapids, MI: Zondervan, 2011.
- Kouzes, James M. and Barry Z. Posner. *Credibility: How Leaders Gain and Lose It, Why People Demand It*. San Francisco, Calif.: Jossey-Bass, 2011.
- Koteskey, Ronald L. *Psychology from a Christian Perspective*. Nashville, TN: Abingdon Press, 1980.

- Ladd, George Eldon. *A Theology of the New Testament*. Grand Rapids, MI: 1974.
- Lake, Frank. *Clinical Theology*, London: Darton, Longman & Todd, 1966.
- Laniak, Timothy. *Shame and Honor in the Book of Esther*, Atlanta GA: Scholars Press, 1997.
- . *Shepherds after my Own Heart: Pastoral Traditions and Leadership in the Bible*. Edited by D.A. Carson. Downers Grove, IL: InterVarsity, 2006.
- Lasor, William, David Hubbard, and Fredric Bush. *Old Testament Survey: The Message, Form, and Background of the Old Testament*, Grand Rapids, MI: Eerdmans Pub., 1982.
- Leichsenring, Falk, et al. “Cognitive-Behavioral Therapy and Psychodynamic Psychotherapy: Techniques, Efficacy, and Indications.” *American Journal of Psychotherapy*, 60 no. 3 (2006). Accessed Sept 3, 2013.
http://web.a.ebscohost.com.proxy.gordonconwell.edu/ehost/pdfviewer/pdfviewer?sid=49_b35eaf-dd2e-4d08-8564_184e368df268%40sessionmgr4008&vid=1&hid=4101.
- Lester, Andrew. *Hope in Pastoral Care and Counseling*. Louisville: Westminster John Knox Press, 1995.
- Long, Jimmy. *The leadership Jump: Building Partnerships Between Existing and Emerging Christian Leaders*. Downers Grove, Ill.: IVP Books, 2009.
- Lopez, Shane and Charles Snyder et al., eds., Alex Langley and Stephen Joseph, *Positive Psychology in Practice*. Hoboken, NJ: John Wiley & Sons, 2004.
- Lynch, William F. *Images of Hope: Imagination as Healer of the Hopeless*. Notre Dame, IN: University of Notre Dame Press, 1990.
- Macdonald, James. *Christ-Centered Biblical Counseling: Changing Lives With God's Changeless Truth*, Edited by Bob Kellemen and Steve Viars. Eugene, OR: Harvest, 2013.
- Macquarrie, John. *In Search of Humanity: A Theological and Philosophical Approach*. New York: Crossroad, 1983.
- Marcel, Gabriel. *Homo Viator: Introduction to a Metaphysic of Hope*. New York, NY: Harper & Row, 1962.
- Maxwell, John. *The 15 Invaluable Laws of Growth*. New York: Center Street, 2012.

- McMinn, Gary and Clark Campbell. *Integrative Psychotherapy: Toward A Comprehensive Christian Approach*. Downers Grove, IL: Intervarsity Press, 2007.
- McMinn, Mark R. *Psychology, Theology, and Spirituality in Christian Counseling*. Wheaton, IL: Tyndale House, 1996.
- McNeal, Reggie. *A Work of Heart: Understanding How God Shapes Spiritual Leaders*, San Francisco, CA: Jossey-Bass 2000.
- Meidenger, Claude and Marie Claire. "Leadership in Teams: Signaling or Reciprocating?" National Research Service, (2000): 145-157. Accessed January 3, 2014.
<http://www.hal.archives-ouvertes.fr/docs/00/17/84/PDF/0213.PDF>.
- Merriam, Sharan B. *Qualitative Research and Case Study Applications in Education*. San Francisco, CA: Jossey-Bass, 1998.
- Michael, McKinney. "The Focus of Leadership: Choosing Service Over Self-Interest: Vision-A Journal for a New World." *Leadership Now* 3, no. 1 (May): 35-37. Accessed March 15, 2013. <http://leadershipnow.com/service.html>.
- Minnen, Agnes et al. "Examining Potential Contraindications for Prolonged Exposure Therapy for PTSD." *Journal of Psychotraumatology* 3 (2012): 10. Accessed October 1, 2013.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3406222/PDF/ejpt-3-18805.pdf>.
- Moltmann, Jürgen. *Theology of Hope: On the Ground and Implications of a Christian Eschatology*, New York: Harper & Row, 1967.
- . *The Church in the Power of the Spirit: A Contribution to Messianic Ecclesiology*, New York: Harper & Row, 1977.
- . *The Experiment Hope*. ed. Douglas Meeks. Eugene Oregon: Wipf and Stock, 2003.
- Morgan, Alice. *What is Narrative Therapy: An Easy-to-Read Introduction*, Washington, DC: Dulwich Center Publications: 2000.
- Mowatt, Harriet, and John Swinton. *Practical Theology and Qualitative Research*. London: SCM Press, 2006.
- Kim Mueser, et.al. "A Randomized Controlled Trial of Cognitive-Behavioral Treatment for Posttraumatic Stress Disorder in Severe Mental Illness." *Journal of Consulting and Clinical Psychology* 76, no. 2 (2008). 259-271.

- Murray, David. *The Happy Christian: Ten Ways To Be A Joyful Believer In A Gloomy World*. Nashville, TN: Nelson Books, 2008.
- Myers, Bryant. *Walking With The Poor: Principles and Practices of Transformational Development* Maryknoll, NY.: Orbis Books, 1999.
- Myers, William R. *Research in Ministry: A Primer for the Doctor of Ministry Program*. Chicago, IL: Exploration Press, 2000.
- Nieuwsma, Jason A. et al. "Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense." *Journal of Health Care Chaplaincy*, 19 (2013). 3-6.
- _____. "Interdisciplinary Approaches Among Professionals" Class presentation MHICS, February 16, 2015.
- _____. "The Intersection of Chaplaincy and Mental Health Care in VA and DoD: Expanded Report on Strategic Action #23", *VA / DoD Health Executive Council (HEC) Psychological Health and Traumatic Brain Injury Work Group*, (2010): 17. Accessed December 2014.
http://www.mirecc.va.gov/mentalhealthandchaplaincy/Docs_and_Images/Expanded%20MHS%20SA23%20Mental%20Health%20and%20Chaplaincy%20Report.pdf.
- Northouse, Peter Guy. *Leadership: Theory and Practice*. 6th ed. Thousand Oaks, Calif.: Sage, 2013.
- Nouwen, Henri. *The Return of the Prodigal Son: A Story of Homecoming*. New York: Doubleday, 1992.
- O'Connell, Bill and Stephen Palmer. *Handbook of Solution-Focused Therapy*. Los Angeles, CA: Sage Pub, 2003.
- Oden, Thomas. *Pastoral Theology: Essentials of Ministry*. New York, NY: Harper One, 1983.
- O'Reilly, Mary "Spirituality and Mental Health Clients," *Journal of Psychosocial Nursing and Mental Health Services* 42 (June 2004).
- Osmer, Richard Robert. *Practical Theology: An Introduction*. Grand Rapids, Mich.: Eerdmans, 2008.
- Oswalt, John N. *The Holy One of Israel: Studies in the Book of Isaiah*. Eugene, OR: Cascade, 2014.

- Otis, John D, et al. "The Development of an Integrated Treatment for Veterans with Comorbid Chronic Pain and Posttraumatic Stress Disorder." *American Academy of Pain Medicine* 10, no. 7 (2009). 1305-1309. Accessed September 4, 2013. <http://onlinelibrary.wiley.com/doi/10.1111/j.1526-4637.2009.00715x/pdf>.
- Palmer, Parker J. *To know As We Are Known: Education As a Spiritual Journey*. San Francisco, Calif.: Harper Collins, 1993.
- Palmer, Parker. *Let Your Life Speak*. San Francisco, Calif.: Jossey-Bass, 2000.
- Patterson, Kerry, Joseph Grenny, Ron McMillan, and Al Switzler. *Crucial Conversations: Tools for Talking When Stakes are High*. 2nd ed. New York: McGraw-Hill: 2012.
- Peterson, Eugene. *The Contemplative Pastor: Returning to the Art of Spiritual Direction*. Grand Rapids, Mich.: Eerdmans Pub. Co., 1993.
- _____. *Five Smooth Stones for Pastoral Work*. Grand Rapids, MI: Eerdmans, 1980.
- Phelan John E. Jr. *Essential Eschatology: Our Present and Future Hope*. Downers Grove, IL: Intervarsity Press, 2013.
- Plueddemann, James. *Leading Across Cultures: Effective Ministry and Mission in the Global Church*, 2nd ed. Downers Grove, IL: InterVarsity Press, 2009.
- Powlison, David. "Cure of Souls (and the Modern Psychotherapies)." *The Journal of Biblical Counseling* 25, (2010).
- Prochaska, James O., John C. Norcross, and Carlo Diclemente. *Changing For Good: A Revolutionary Six-Stage Program for Overcoming Bad Habits and Moving Your Life Positively Forward*. New York, NY: HarperCollins, 1994.
- Quinn, Robert. *Change The World: How Ordinary People Can Accomplish Extraordinary Results*, San Francisco, CA: Jossey-Bass, 2000.
- Rauch, Sheila et al. 2000 "Prolonged Exposure for PTSD in a Veterans Health Administration PTSD Clinic." *Journal of Traumatic Stress* 22 no.1 (February): 60. Accessed July 20, 2013. http://deepblue.lib.umich.edu/bitstream/handle/2027.42/61883/20380_ftp.pdf?sequence=1.
- Reiter, Mark "Hope and Expectancy in Solution-Focused Brief Therapy," *Journal of Family Psychotherapy* (2014).133.
- Rendle, Gilbert. *Leading Change in the Congregation: Spiritual and Organizational Tools for Leaders*. Lanham, MD: Rowan & Littlefield, 1998.

- Resick, Patricia and Candice Monson. 2006. "Cognitive Processing Therapy Veteran/Military Version: Introduction to Cognitive Processing Therapy (CPT)." National Center for PTSD, VA Boston Healthcare System and Boston University (December): 6-14. Accessed May 26, 2013.
http://www.alrest.org/pdf/CPT_Manual_-_Modified_for_PRRP.
- Richer, Marie-Claire, Judith Richie, and Caroline Marchionni. "If we can't do more, let's do it differently!' Using appreciative inquiry to promote innovative ideas for better health care work environments." *Journal of Nursing Management* 17, no. 8 (2009): 947-955.
- Rosenbloom, Dena, Mary Beth Williams, and Barbara E. Watkins. *Life After Trauma: A Workbook For Healing*. New York: Guilford Press, 1999.
- Russell, Robert and Gregory Stone. "A Review of Servant Leadership Attributes: Developing a Practical Model", *Leadership & Organization Development Journal* 23, no.3 (2000): 145-157. Accessed January 3, 2014.
<http://www.hal.archives-ouvertes.fr/docs/oo/17/84/74/PDF/0213.pdf>.
- Ryken, Leland. *Words of Delight: A Literary Introduction to the Bible*, 2nd ed. Grand Rapids, MI: Baker Academics, 1992.
- Salkovkis, Hawton K. and Kirk J. Clark, eds. *Cognitive Behavior Therapy for Psychiatric Problems: A practical Guide* Oxford: Oxford University Press, 1989.
- Sande, Ken. *The Peacemaker: A Biblical Guide to Resolving Personal Conflict*, 2nd ed. Grand Rapids, MI: Baker Books, 1991.
- Sandu, Antonio. "Appreciative Philosophy. Towards a Constructionist Approach of Philosophical and Theological Discourse." *Journal for the Study of Religions and Ideologies* 10, no. 28 (2011): 129-135.
- Schaller, Lyle. *The Interventionist*. Nashville, TN: Abingdon Press, 1997.
- Schein, Edgar, *Organizational Culture and Leadership*. 4th Ed. San Francisco: Jossey-Bass, 2010.
- Schlaepfer, Rene. *The Hope Experience: 50 Days of Hope*. Santa Cruz, CA: Twin Lakes Church, 2009.
- Scioli, Anthony and Henry B. Biller. *Hope in the Age of Anxiety: A Guide to Understanding and Strengthening Our Most Important Virtue*, Oxford: Oxford University Press, 2009.

- Scott, Susan. *Fierce Conversations: Achieving Success at Work and in Life, One Conversation at a Time*, New York, NY: Berkley Books, 2002.
- Seligman, Martin and Mihaly Csikszentmihalyi. "Positive Psychology: An Introduction." *American Psychologist* 55, no.1 (January 2000), 5.
<http://www.ppc.sas.upenn.edu/ppintroarticle.pdf> (accessed August 20, 2013).
- Senge, Peter. *The Fifth Discipline: The Art & Practice of the Learning Organization*. New York: Doubleday, 2006.
- Shay, Jonathan, *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York: Scribner, 1994.
- Silverman, David. *Doing Qualitative Research: A Practical Handbook*. London: SAGE, 2000.
- Sittser, Jerry. *A Grace Disguised: How the Soul Grows Through Loss*. Grand Rapids, MI: Zondervan, 1995.
- Smith, Archie Jr. 2001. "Look and See If There Is Any Sorrow Like My Sorrow? Systemic Metaphors for Pastoral Theology and Care." *Word and World* 21, no 1 (Winter): 15. Accessed July 6, 2015.
http://wordandworld.luthersem.edu/content/pdfs/21-1_therapy_theology/21-1_smith.pdf.
- Snyder, Charles et al. "The Will and the Ways: Development and Validation of an Individual-Differences Measure of Hope." *Journal of Personality and Social Psychology* 60, (1991). 571.
- . *The Hope Mandala: Coping With The Loss of a Loved One*, ed. J. E. Gillham Philadelphia, PA: Templeton Foundation Press, 2000.
- . ed., *Coping: The Psychology of What Works*. New York, NY: Oxford University Press, 1999.
- Stone, Howard W. *Depression and Hope: New Insights for Pastoral Counseling*. Minneapolis: Fortress Press, 1998.
- Stotland, Ezra. *The Psychology of Hope: An Integration of Experimental, Clinical, and Social Approaches* San Francisco, CA: Jossey-Bass, 1969.
- Taggart, James. *Becoming a Holistic Leader*. 2011. Accessed June 13, 2015.
<http://changingwinds.wordpress.com/2011/05/07/becoming-a-holistic-leader-nurturing/>.

- Tick, Edward. *War and the Soul: Healing our Nation's veterans from Post-Traumatic Stress Disorder*. Wheaton, Ill.: Theosophical, 2005.
- Tolin, David. 2010. "Is cognitive-behavioral therapy more effective than other therapies?" *Clinical Psychology Review* 30 (Fall): 718. Accessed August 10, 2013. <http://www.sciencedirect.com/science/article/pii/S0272735810000899#>.
- Ton, Josef. *Suffering, Martyrdom, and Rewards in Heaven*. Lanham, MD: University Press of America, 1997.
- Trepper, Terry et al. 2010. *Solution Focused Therapy Treatment Manual for Working With Individuals*. Research Committee of the Solution Focused Brief Therapy Association. (Spring):1-16. Accessed September 3, 2013. <http://www.solutionfocused.net/treatmentmanual.html>.
- Vandecreek, Larry. ed. *Professional Chaplaincy and Clinical Pastoral Education Should Become More Scientific: Yes and No* Binghamton, NY: Haworth Press, 2002.
- VHA Handbook, Department of veterans Affairs, veterans Health Administration. *Spiritual and Pastoral Care Procedures*, VHA Directive 1111.2 May 2008, Washington, D.C.
- Visser, Coert. "The Origin of the Solution-Focused Approach." *International Journal of Solution-Focused Practices*. 1, no. 1 (2013). 10-17.
- Walker, Simon P., *Leading Out of Who You Are: Discovering The Secret of Undefended Leadership*. Carlisle: Piquant, 2007.
- Watkins, Jane Magruder et al., *Appreciative Inquiry: Change at the Speed of Imagination*. 2nd ed., San Francisco, CA: Pfeiffer, 2011.
- Welch, Edward T. *Depression: A Stubborn Darkness*. Winston-Salem, NC: Punch Press, 2004.
- White, Michael and David Epston. *Narrative Means to Therapeutic Ends* Adelaide, South Africa: Dulwich Center, 1990.
- Whitney, Diana and Amanda Trosten-Bloom. *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*. San Francisco: Berrett-Koehler, 2003.
- Wills, Frank and Diana Sanders. 2011. "Cognitive Behavior Therapy—Theory, Model and Structure." *BioMed Search*, January 1. Accessed July 20, 2013. <http://www.biomedsearch.com/article/Cognitive-Therapy-Introduction/288874161.html>.

Wood Alex, and Nicholas Tarrier. "Positive Clinical Psychology: A New Vision and Strategy for Integrated Research and Practice." *Clinical Psychology Review* 30 (2010), 820. Accessed August 21, 2013.
<http://www.sciencedirect.com/science/article/pii/S027273581000>.

Wright, H. Norman. *Tomorrow Can Be Different*. Grand Rapids, MI: Fleming H. Revell, 1995.

Yukl, Gary. *Leadership in Organizations*. Upper Saddle River, NJ: Pearson Education, Inc., 2010.

Zayfert, Claudia and Carolyn Becker. *Cognitive Behavioral Therapy for PTSD: A Case Formulation Approach*. New York: Guilford Press, 2006.

VITA
Chaplain Octavio Julian Di Iulio

Present Position:

Clinical Chaplain, Department of Veteran Affairs,
Maryland Health Care System, Perry Point, MD

Personal Data:

Birth Date: April 23, 1956
Birthplace: Caracas, Venezuela, S.A.
Marital Status: Married to Jane Francis Di Iulio
Family: Benjamin Joseph, Andrew John, Zachary
Celestino, Hannah-Joy, and Esther Elizabeth

Home Address: 3676 Blue Ball Rd.
Elkton, MD

Ordained: April 16, 1987

Education:

B.A. Framingham University, Framingham, MA, 1985
M. Div. Oral Roberts University, Tulsa, OK, 1989
D. Min. Gordon-Conwell Theological Seminary, Charlotte,
NC, 2013-present. Expected Graduation-May,
2018

Personal Experience:

8/08 to present VA Clinical Chaplain, Perry Point, MD 21902
11/90-11/2007 Army Chaplain
11/88-10/89 Youth Director, Sheridan Ave. United Methodist
Church Tulsa, OK 74115

